

**WOMEN WEAVING WELL-BEING:  
THE SOCIAL REPRODUCTION OF HEALTH IN LAOS**

**By**

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## Abstract

This dissertation describes how people in contemporary urban Laos use relationships, information, and material goods to socially reproduce well-being or what Lao know as being *sabaai*. The research focuses on women weavers who support their families with their handweaving yet labor not just for cash. As women weave, they shape their own well-being as well as their families. Handweaving exemplifies the social reproduction of health because it procures essentials of daily living, bestows gender approval, reinforces social hierarchy, and perpetuates cultural values. Also examined in this dissertation is whether changes in weaving work arrangements have altered how the social reproduction of health occurs.

The social reproduction of health perspective refers to how people marshal knowledge and use resources to create, maintain, and perpetuate health. It is the assessment of society's ability to generate well-being, assure the continuum of generations, and maintain a way of life.

The data in this dissertation show that familial social relationships are paramount for Lao well-being. Achieving *sabaai* also depends on cleanliness, a spiritual and physical balance, a regard for that which is natural, and specific Lao rituals and practices. The data also demonstrate how Lao textiles embody what happens in people's lives. Lastly, the data conclude that weaving outside the familial setting does not provide new or better ways to socially reproduce health. Weaving and being *sabaai* are still connected, for the most part, to family and kin in Lao society.

# Women, Weaving, and Well-being: Social Reproduction in Laos

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## **Chapter 1**

### **Introduction**

#### **Weaving and Health Goals of the Study**

This dissertation examines how people socially reproduce health and well-being in Laos. My initial research objective is to identify resources and the ways Lao people use them to achieve health. To that end, I describe Lao medical culture. I also describe Lao behaviors, customs, and values. I focus on Lao social relationships to understand them as a primary resource for socially reproducing health. I also examine necessities for life such as water, food, and shelter, and describe daily activities that effectively utilize them.

My second research objective is to understand Lao handweaving as a means to socially reproduce Lao well-being. With that goal in mind, I examine the social meanings in Lao textiles, note the transfer of knowledge and skill of living well from one generation to the next, and describe weaving arrangements.

My third research objective is to determine how socioeconomic conditions affect the resources weavers utilize to socially reproduce health. Historical, political, socioeconomic, and religious forces in any society affect the allocation and utilization of resources as well as the strategies people use to gain and maintain well-being. The entry of Laos into a global market accompanied by changing methods of production in the Lao handweaving industry signal rearrangement of conventional social and economic priorities for Lao. These include individual absence from the household, increased contacts outside kin networks, and wage-earning capacity. Hence, weavers

provide a microcosm by which to examine the social reproduction of health within the larger society.

### **The Social Reproduction of Health**

The concept of the social reproduction of health provides a broader understanding of health beyond disease, illness, or injury. This perspective refers to how people marshal knowledge and use resources to create, maintain, and perpetuate well-being. Social reproduction is the on-going replacement of peoples, processes, and structures. Health may be seen as society's way to regenerate itself (Janzen 1992:6). The social reproduction of health is the assessment of "society's ability and on-going set of practices and potentials" (Janzen 2006:1) to generate and perpetuate well-being. For this to occur, there must be "sufficient means and management ... by economically active adults, or society's productive members... to support the nonproductive children, nonproductive elderly, and the sick and disabled.... [it] requires the continued survival and effectiveness of the social unit—family, community, network of support, and the state—within which the well-being of the continuum of generations is assured.... How people do this is important, indeed necessary, for people to maintain a way of life, not just biologically survive" (Janzen 2002:80, 94).

The social reproduction of health refers to attitudes, actions, behaviors, emotions, obligations, and relations of everyday life. It involves caring for those individuals already living. The provision of food, clothing, and shelter, the socialization and physical care of children, the regard for the less capable, the

incorporation of the elderly in family and society, and the organization in society of gender are part of this process. People ensure well-being through their commitment to relationships, productive means, and institutions. People act on information and commit resources to what John Janzen (2002) calls a “fabric of health.”

Social relationships are paramount to these processes. Lowland Lao people rely on social relationships, particularly family and kin, in daily activities and during times of crisis. Pierre Bourdieu (1998:64-74) views the family as a social unit that is engaged in activities that perpetuate its existence. Members rely on its stability despite what might be viewed from the outside as a fluctuating composition. Family interactions are safeguards to prevent and rectify problems. Resources are secured because of these relationships.

Scholars’ understanding of who is kin has changed over the years. Social scientists now recognize “cultures of relatedness” (Carsten 2000:1) and “significant same” (Finkler 2001:236) where people perceive similarities between themselves and others based on shared values, concepts, and even physical objects. They enact moral obligations and responsibilities as a consequence of these similarities (Finkler 2001:236).

People ensure well-being through activities, actions, and things they take for granted in the course of daily existence. Actions and interactions with which people make up their lives, objects that are present for use, and knowledge by which people act (Jackson 1996:2-8, 13, 16, 34; Schutz and Luckmann 1973:3-4) are what Merleau-Ponty (1962) called practical knowledge and Bourdieu (1977) called praxis.

Practical knowledge is part of what philosopher Edmund Husserl (1970:127-128) first delineated as the world of the everyday. This is where the self-reliance of people is evident and their self-sufficiency is visible. It is the knowledge and skill enacted as part of normal existence that provides the surety of well-being. People know these actions work. They do not have to think about them. They do not have to question whether the action will result in what they expect.

Health is socially reproduced in the minutiae of this day-to-day existence. It is in the everyday setting that practical knowledge operates and health comes to be. Bronislaw Malinowski (1953:18-19) [italics] suggests we call these phenomena the

*imponderabilia of actual life*. Here belong such things as the routine of man's working day, the details of his care of the body, of the manner of taking food and preparing it; the tone of conversational and social life around the village fires, the existence of strong friendships or hostilities, and of passing sympathies and dislikes between people; the subtle yet unmistakable manner in which personal vanities and ambitions are reflected in the behaviour of the individual and in the emotional reactions of those who surround him.

Distinct cultural features illustrate the social reproduction of health in Laos. I describe lowland Lao (1) sociality with inclinations toward togetherness and helpfulness; (2) regard for *thammasat*, or things perceived as natural or "of nature"; (3) practices and rituals such as *kamlang jai*, *samaa*, *maad khen*, and the *bacii sou khuan*; and (5) handweaving. Lao textiles depict Laoness and embody well-being for nonweavers as well as those individuals involved in the actual making of the fabric. These characteristics and rituals are visible to non-Lao but their significance to well-being is not as evident. That value is ingrained in Lao people but not necessarily consciously understood as such.

I use the terms “health” and “well-being” to reflect a person’s whole being. These concepts are used to reference a person’s physical, emotional, mental, and spiritual state within the context of family and society. The social reproduction of health takes a broad approach to health. It sets aside what is often a conundrum of defining health and concentrates instead on how it comes to be, how it is maintained, and how it is perpetuated.

### **Structure of Study**

I followed Janzen’s (2006) methodology for examining the social reproduction of health in a population. He delineates four areas on which to concentrate: social arrangements and institutions, the economic mode by which resources are generated and how they flow through social institutions, e.g., households, how symbolic capital and knowledge are generated and related to the economic and social frameworks, and lastly, the political will that is asserted to make a program work.

My research uses the household and the family as units of analysis. I focus, in particular, on households containing weavers to examine the four constitutive elements of the social reproduction of health: relationships, resources, ideology, and productive means. These arenas enable the individual, within the context of family and society, to provide the essentials of existence and the continuance of a way of life. The research looks at weavers representing four kinds of textile production arrangements: households in which the work of weaving is based on kin, on employer-employee, or on a mix of these relationships. I examine the reliance on

weaving by these households to obtain necessities and conveniences of life. Women use the cloth they produce to obtain food, clothing, shelter, transportation, education, and luxuries.

The allocation of resources is affected by historical, political, social, economical, and ideological forces. Resources are not separated from the “examination of how social forces are embodied” (Adelson 2000:9) in the social reproduction of health perspective. I explore the effects of Buddhism, state socialism, capitalism, and social caring as part of Lao ideology on the social reproduction of health in Laos by examining lowland Lao society and, specifically, the different weaving work arrangements.

### **Hypotheses of the Study**

Three hypotheses guide my research. First, I assert that social relationships are the main resource for health and well-being in Lao society. The quantity and quality of social support is what people rely on for health rather than biomedical intervention. Social relationships, particularly those based on kinship, are the means to other resources that assure well-being.

Second, I propose that women weaving are an essential element in Lao social reproduction of health. Weaving provides the means to procure essentials needed to live but, more importantly, weaving embodies social meaning for all Lao, not just weavers and their families. Weaving is as important to articulate Laoness as speaking the Lao language. It is a primary means of social exchange that reinforces social

hierarchy. Cultural values are perpetuated through generations via weaving skill.

When women create textiles in Lao society, they are weaving well-being.

Third, I contend that women weaving outside the familial setting, especially women working in larger-scale weaving arrangements, rely more on resources generated through their employment than they do kin and family. The change in methods of production should provide to women increased financial means. It also should result in broader relationships concomitant with greater resources of information, different ideas and practices, more material goods, and greater opportunities of various kinds. If this is so, women working in these workshops should depend more on resources generated through these venues for the social reproduction of health than familial social networks. It is not just the financial means that improves their well-being and that of their families. They would get much of their “health” from their work relationships.

### **Research Setting**

My research was conducted primarily in the capital city Vientiane, one of three urban areas in Laos. Vientiane has, as of 2006, a population of approximately 712,000 people out of the country’s total 6 million people (U. S. Department of State 2007). Vientiane is located in the middle of an elongated polity surrounded by other countries—Myanmar to the Northwest, China to the North, Vietnam to the east, and Cambodia to the south. The city is located on the western border of Laos, where the Mekong River separates the country at this junction from Thailand. Vientiane is not what Westerners think of as an urbanized area. It stands in harp contrast to the



ruralness of the country overall. Laos has primarily an agriculturally based economy. Seventy-five per cent of the total population of Laos live in the countryside and practice subsistence agriculture (U. S. Department of State 2007). One need only drive 30 minutes from the center of Vientiane to see land vacant of buildings and devoted to rice or fish horticulture.



Photo 1: Map of Laos as situated in Southeast Asia (University of Texas 2007)

Vientiane has cement and brick buildings, some four to six stories tall. Large buildings house various ministries (departments of the federal government). International organizations, such as Asian Development Bank, United Nations, Medicin sans Frontier, Norwegian Church Aid, Save the Children, Oxfam, occupy renovated French colonial houses or newly built offices. Vientiane has street and

traffic lights. It has asphalt-paved streets and cement sidewalks. There is a bus station, a modern-looking and efficient international airport, car taxis, high-rise hotels, gym and sports clubs, spas, and homeless people begging on the streets. There are at least nine hospitals serving the area, although six are specialty facilities (e.g., vision, dermatology, rehabilitation) (MOH and JICA 2001:8.1-8.8). The condition of the buildings and the standards of care are rudimentary compared to the Western-type medical care found across the Thai or Vietnamese borders.

Vientiane is made up of a number of *ban*<sup>1</sup> (village). Villages connect into each other,<sup>2</sup> usually marked by a street sign. Most people identify the center of Vientiane or downtown as a two-to-three mile radius using either the *Nam Phou* (fountain) or the *Talat Sao* (morning market) as the center point. Yet, outer neighborhoods are not the rural villages of the countryside.<sup>3</sup> Main roads extending outward, in a spoke-like fashion, become narrower and rougher. They lack sidewalks, curbs, and asphalt but have plenty of pot-holes and periodically, deep ruts. Painted lines on the road are absent as are street name signs. Stop signs suffice for attempts at traffic control.

One village runs into another, distinguishable by a metal sign with the name of the village at the side of the road written in Lao and transliterated into English. I lived in one of these suburban villages. Ban Nongtha Neua is a 30 minute local bus ride or a 20 minute motorcycle drive from the center of Vientiane. It is located on one of the conduit roads leading to a perimeter road Sii Keud. Turning east, one goes by the National University of Laos. To the west, the road eventually connects with

Road 13, the main artery to the north. Ban Nongtha Neua is a village of 603 households with approximately 3,500 persons. The village is located on both sides of the road with a long large pond to its east.

I lived with a 47-year-old Lao woman and her family during most of my fieldwork. Khamla is a weaver of silk. She weaves in her own home, as did her 19-year-old daughter, Manilay. The 21-year-old son, Jhoy, worked in the order department of a large Singaporean-run garment factory, responsible for carrying large bolts of machine-made fabrics to the area where young women cut and sew garments that are shipped to Europe. A 22-year-old niece, another Jhoy, lived there also. She wove on the loom outside and under the eaves of the back of the house. During the afternoon and evening, she commuted 30 minutes one way by local bus to the tourist area of the city to work in a hotel as a housekeeper. Khamla is married but there was no husband in this house and there has not been since the two children were very young. He left for the United States 20 years earlier, taking his girlfriend with him, whom he then married and with whom he had more children. He wanted Khamla to come with him (and his girlfriend) but she declined.

During the course of my stay with Khamla, the daughter emigrated to the United States, the son changed jobs, the grown niece moved to work with her older sister in the southern part of the country, and another niece, only six years old, came to live with us from the countryside four hours local bus trip away. The neighbor's baby was born. This woman's three-year-old son eventually held my hand walking to the local market because he was no longer afraid of the foreigner. Another

neighbor's teenage daughter graduated from high school and went to work in a garment factory and, at last report, married.



Photo 2: Khamla in front of her house.

My research was with people who are able to speak or mutually understand Lao and are known as *Lao Loum* or lowland Lao people. In this dissertation I refer to these people simply as Lao. They are among the eight ethnic groups within the Tai-Kadai ethnolinguistic family.<sup>4</sup> Lowland Lao comprise approximately 53 percent of the total population of Laos. They also socially dominate the other 49 officially identified ethnicities grouped together. Lowland Lao comprise the majority of the urban population of Vientiane. Leaders of the country, including officials in the

Ministry of Health (MOH), are predominantly lowland Lao (National Statistical Centre 1997:15).

### **Weaving in Laos**

My study population is women who weave. The handweaving industry is a significant part of social and economic activity in Laos. A knowledge and skill once thought by non-Lao and some Lao elite to have been lost because of postcolonial internal disruption and civil war, Lao weaving is highly visible in contemporary Laos.

The Lao government promotes weaving as a source of national identity, female Laoness, and as a means of economic production. The work of weaving includes silkworm growing, pulling off silk threads from the cocoon, spinning of silk, dyeing of threads, and the actual weaving of fabric. Weavers work alone or in small groups of three or four people in both urban and rural familial settings or in employer-employee arrangements of 20 to 200 weavers, and sometimes more. During the late 1970s and early 1980s, at the height of the present government's socialist experiment, women worked in weaving cooperatives, but none truly exist today according to a knowledgeable source (Rassinakone Nanong:personal communication). Once the government initiated the New Economic Mechanism (NEM) in 1986, which started the transition to a more open market economy, entrepreneurs developed weaving enterprises into successful economic ventures in the local and regional tourist trade as well as the global market. Some of these weaving workshops have well-established connections in Europe, Japan, and the United States. Weaving may be commissioned by foreign dignitaries, embassies, famous fashion

designers such as Dona Karan or Calvin Klein. The owners of these successful weaving businesses earn at least \$200,000 a year. They employ mostly women but also some men. Seldom do males actually weave but they build looms and work at other tasks essential to the production of handwoven textiles.

Kinship, location, and economic interaction define working weaving arrangements in Laos. Criteria by which to describe arrangements overlap and influence each other. I categorize the arrangements as:

1. Individual household weaver.
2. Weavers working in small domestic groups.
3. Weavers working in group-production workshops.
4. Home-based weavers employed by group-production workshops.

There may be a fifth category which resembles garment factories. An article in the Vientiane Times English version newspaper quoted a young female weaver complaining about her employment (Vientiane Times: 2002). She described a large operation of over 200 weavers, long hours (16) of work with no days off, low pay, dark, a work environment that was close, dirty and poorly ventilated, and a verbally abusive owner or manager. I did not locate any site in the Vientiane area similar to what she described. Lao, American and French colleagues have no knowledge of such operations either (Cate 2007; Doolittle 2007; McIntosh 2007; Nanthavongdouangsy 2007; Vallard 2007).

## Organization of Dissertation Chapters

This dissertation is comprised of ten chapters. Research methodology that was utilized is described in chapter 2. I used standard anthropological methods of participant observation, informal and formal interviewing, life history collection, ethnographic surveying, analysis of demographic health data, and review of relevant documents and reports. My research techniques consisted of “living Lao”, writing fieldnotes, photography, administering scaled surveys, mapping, tape recording, and free listing and pile sorting.

The third chapter reviews theoretical foundations for the concept of the social reproduction of health. This includes relevant research on health, social relationships, practical actions, and previous studies utilizing the social reproduction of health perspective.

Chapter 4 describes Lao conceptualizations of health and preventive measures Lao use to maintain their health and well-being. It identifies specific cultural ideas and practices such as the belief in *khuan* and the importance of rice as well as attitudes and demeanor in which Lao incorporate their adherence to Buddhist precepts. Chapter 5 continues looking at Lao medical culture but with a focus on medical knowledge of healing. It addresses causes of and ways to heal illness and injury. This chapter describes healthcare provided under official state jurisdiction. It describes biomedicine, traditional medicine, lay medicine, and spiritual interventions.

Chapter 6 focuses on the practical actions of people in their daily lives. These might be considered mundane acts of living yet they are activities vital to the social reproduction of health.

Chapter 7 examines the essentiality of Lao social relationships. Social relationships are looked at not just in households comprised of different generations but in how those families and society cares for the less-able, particularly individuals who are physically or mentally disabled. This chapter describes specific cultural rituals that embody the social reproduction of health.

I write, up to this point, about values, relationships, and ordinary activities in which all lowland Lao participate, regardless of age, gender, role, income, or occupation. Yet, the importance of handwoven textiles to all lowland Lao people implies the activity and even the fabric itself is integral to the social reproduction of health.

Chapter 8 examines cloth in social reproduction. It describes the role of exchange and identity that handwoven textiles have in Lao culture. It shows how essential social values and roles comprise the processes of handweaving and are symbolized in fabric designs. Chapter 9 describes the relationships between health and weaving as an economic activity. It reflects on weaving in relation to economic history and then in relation to differing production arrangements. These two chapters describe how handweaving exemplifies the social reproduction of health in Laos. They focus on how women weave well-being in Lao society within the context of a larger world.



The tenth and final chapter elucidates the social reproduction of health in lowland Lao society by summarizing the primary resources Lao use to create, maintain, and perpetuate health. It asserts the primacy of social relationships as a resource for well-being. It contends that women's weaving contributes to the strength of those interactions. It concludes, however, that changes in handweaving production have not altered social values. The alternative weaving work arrangements have not provided a better way to socially reproduce health than that found in the household. The woman weaver's own kin and family remain the main point of reference and recipient of any extra resources that are generated by differing production methods. Research and findings are also assessed in this final chapter to suggest additional studies that may promote further development of concepts or topics addressed in this dissertation.

## **Chapter 2**

### **Methodology**

“You can observe a lot by watching.”

Yogi Berra, 1964

### **Introduction**

My initial weeks of fieldwork are full of angst. I worry whether I will obtain a long-term visa. I do not know how long it will take to find a weaver with whom to live. I do not know whether I will be located in urban Vientiane or a rural village. Yet I am certain I will be able to interview weavers at group work settings because of the contacts I had made one and a half years earlier. I feel confident that I will find women who weave in their homes. I am sure that people with whom I talk will lead me to what I should know. I know that the process of discovery will unfold as it should. Although I am anxious, I am excited to be, at last, in the field!

Anxiety fades when I possess a foreign expert card, a multiple entry visa, assured support from NIOPH (National Institute of Public Health) for the research, and permission by the local *naiban* (village chief) to live in Ban Nongtha Neua. Within a month of arrival in Laos, I am living with Khamla. I stay at her house from the beginning of October 2003 until the end of July 2004. Thereafter, I stay at a guesthouse closer to the center of Vientiane but I visit Khamla at least once a week until I finish my fieldwork in December 2004.

In line with Janzen’s (2006) proposal, I focus during the research on social arrangements and institutions, the economic mode by which resources are generated

and how they flow through social institutions and how symbolic capital and knowledge are generated and related to the economic and social frameworks. I also think about the political will that is asserted to make a program work, although not until I am distant from the fieldwork and begin to seriously analyze my data.

### **Units of Study**

The units of study for which I collect data are: individuals working in the weaving industry, the family, the household, the work site, shopkeepers, and various persons I think are relevant to my study such as disabled persons and health officials.

### **Field Methods**

#### **Participant Observation**

Participant observation is the core of my ethnographic research. Living with a Lao family within the context of Lao society or what I call “living Lao” allows me to watch closely, experience emotionally, and engage in daily life..

Kongthong Nanthavongdouangsy Saisanith, one of the sister-owners of Phaeng Mai (a well-known hand weaving business for which Khamla weaves), arranges for my home stay. Khamla is close to my age and we both have grown children as a common trait. We are single women who are experienced at supporting ourselves financially and emotionally. Neither of us are thin, svelte women overly concerned with how we look or if men pay attention to us. Khamla has far less education than I, having only completed grade school. I am, by my nationality and research purpose, comfortable in government ministries or western restaurants that she is not. Yet, we find that we think alike on life issues. At times we just look at

each other, nod our heads, or laugh until tears roll down our faces because we know what the other is thinking. We both have a great interest in new experiences. I discover Khamla has spent three months in Japan about three years prior to our meeting. She taught a woman how to weave using Lao techniques. It is no wonder she is so open to having a foreigner stay with her!

Khamla teaches me to speak Lao, wash my clothes by hand outside, steam *kawl niao* (sticky rice), take the right local bus, act correctly in the *Wat*, speak threateningly to snarling dogs, negotiate prices with tuk-tuk drivers, and weave silk. She teaches me about gratefulness. She teaches me the value of not living alone. Another Lao friend shows me how to drive a motorcycle. He tells me what to do when a policeman pulls me over and wants to impound the motorcycle. Sommay helps me get a post office box. Ola, the 16-year old, takes me on forays in Ban Nongtha Neua. She walks me further down the dirt path that leads to Khamla's house from the main road to show me the lake that parallels our village and separates it from the village to the East. She walks me up the main pot-holed and skimpily asphalted road to the West of our neighborhood, past the local open-air market, and around towards the lake. We go past the Singaporean garment factory and dormitories where many of the local as well as many trucked- or bused-in people work. Ola continues to be "my gal" to hop on the motorbike with me to explore the rest of the large village and surrounding areas.

## **Sampling**

The research purpose was not population parameters requiring probability sampling, scientifically drawn and unbiased (Bernard 2002: 141-142). Rather, cultural data is collected from expert informants to understand processes. Bernard (2002: 142, 180-181) says that nonprobability sampling “is exactly what [is] called for” when it is impossible to get an unbiased sample. There is no professional directory, census count, tax rolls, or other listings of weavers to the best of my knowledge. A study report on the Lao craft sector that examines textile production as part of the broader handicraft production in the country does not indicate how many weavers there are or even the total number of small domestic groups producing textiles for sale (Douangsavanh 2001). In other words, there is no sampling frame from which to take a sample and to which I can generalize (Bernard 2002: 145).

Therefore, I use purposive sampling in which I decide the purpose informants will serve and then I seek persons who work in the weaving industry. To some extent, I utilize a quota sampling design, in that I seek persons from various age categories, sex, work settings, and tasks. I do not insist on certain numbers but rather take what I can get (Bernard 2002:181-182). Young women between the ages of 18 and 29 comprise the majority of the workers in the weaving industry in urban Vientiane. Thus, I purposefully seek women who are older to “balance” out this grouping in order to talk to individuals who have more life experiences. To ensure their inclusion, I search for men to interview as well.

At a group weaving site, a person is selected to interview based on whether there is space next to her for me and my research assistant. I never know which day a loom space will be empty and there is no hierarchy of where weavers work so the choice is random. Sometimes, a person is selected by the amount of contact I have with her during my observation hours. At times the person selected is someone I have observed for several hours. At other times, it is a person I have had no previous contact other than a hello or a smile. Only thrice does someone not want to be interviewed. It is not the “Lao way” to refuse a request.

We interview shop owners or sellers, walking up the road, peering inside the shadows to see if a person is present. My original design is to collect a sample of shopkeepers to compare with the weavers but decide after about ten interviews that enough information is collected for comparison and energy is best focused on the weavers.

Ten interviews are conducted entirely in English. These exchanges are with medical physicians from NIOPH, service workers at a guesthouse, and other people involved in medical-related organizations. These are informal interviews, conducted as the opportunity presents itself.

Khamla is a key informant for my ethnographic research. I rely on two other people, Mai Phiphachkhavong and Dr. Kongsap Akkhavong. Mai is thirty-four years old, married to Khamla’s younger brother, mother of three children, ages five to twelve years, a weaver, and working in the Prime Minister’s office, although she is on a three-year leave to attend the university to study English. Mai is good at explaining

things that happen in our daily life. She is also the conduit into her birth family—parents and five sisters--that provides me a conventional Lao familial experience.

Dr. Kongsap Akkhavong, assistant director at NIOPH, is very knowledgeable about his own culture and society. A physician and a professor at the medical school, he is in his fifties. He is married to a physician who works in another division of the health ministry. They have two children in their early twenties. He is fluent in English, French, Thai, and perhaps even Vietnamese.

Many other individuals provide clarifications of situations and understanding of Lao life but my ethnographic research relies on a few key informants. In retrospect, this methodological resource could have been stronger if I had interacted consistently with at least two more individuals as originally planned. Yet the informants used are certainly culturally competent and the women representative of weavers. One might argue that both the weavers and Dr. Kongsap are culturally specialized informants (Bernard 2002:191) because of the specific knowledge they have. Yet all three individuals share information about Lao life in general as well.

### **Interviewing**

Interviewing is guided by several cultural domains (social relationships, practical actions, religiosity, economics, health conceptualization, health care systems), based on others' work in the conceptual area of the social reproduction of health (Adelson 2000; Janzen 1978, 1992).

I utilize open-ended, semi-structured interviewing methods, including asking for narrative of experience, to explore these domains, seek new ones, and break the

domains down into factors and variables (Schensul, Schensul, and LeCompte 1999:121-122, 136, 139). I use free-listing techniques within the interview process, e.g., “tell me words that mean healthy” and “list for me the most common ways people are ill.” I ask basic questions grouped into topics of an individual’s background, feelings, concepts of health and illness, family, and other social relationships. I also use preformulated questions because I want to collect focused, qualitative, textual data in order to confirm validity of domains, reveal patterns, and identify variables (Schensul, Schensul, and LeCompte 1999:149-151). The format keeps the interview directed yet allows for inevitable gems that people share. Since I usually have already spent considerable hours observing, interviewing promotes continued positive relationships. People tell me “it is good that you ask our opinion.”

A total of 97 people are interviewed. Fifty-eight of these are people involved in the weaving industry. Most of them are women, but a few are men. I use the same tool, although modified for work-related questions, with “sellers” (people I identify occupationally as selling goods of various types). Twenty-nine individuals categorized as miscellaneous (physicians, nuns, the research assistants, service worker) are interviewed as well.

Data is also collected for a demographic health and household survey. This information is self-reported for those individuals I interview in the group setting because we can not see their actual living situations. I edit the tool as we use it because it just takes too long to collect all the data otherwise. We try to limit the interview process to two hours, using both the semi-structured questions and this



household survey. The survey provides interesting and useful information about reproductive status, familial relationships, and economic status measured by owned or available material goods.

I also utilize, on a limited basis, the structured interviewing technique of pile sorting to aid in the analysis of items in cultural domains. One pile grouping consists of words for the types of healers in Lao society. The other grouping consists of types of social relations such as family, monks, neighbors, co-workers, etc. I write these nouns in Lao on business size cards. I use a successive pile sort method (Schensul, LeCompte, Nastasi, Borgatti 1999:140-141). This method preserves the freedom of the respondent to make as many (wherein the person makes broad distinction of affinity) or few piles (wherein narrow distinctions are made) as they want to make. This freedom resolves what is known as the lumpers/splitter problem of the free or unconstrained pile sort method (Bernard 2002:293).

Six life histories are collected, two of which comprise a couple's life history. The youngest life history is with a 60-year-old woman and the oldest is with a 74-year old woman. All are weavers or have been, with the exception of the husbands in the couple life histories. The life histories provide a historical and contextual orientation to what living in Lao society is like now.

### **Ethnographic Surveying**

Semi-structured interviewing establishes a qualitative base from which I then construct an ethnographic survey instrument. Schensul, Schensul and LeCompte (1999:167) point out that the difference between ethnographic surveys and standard

surveys is that the ethnographic survey instrument is based on information already discovered in the research. It is used to expand understanding by verifying assumptions. One does not generate an ethnographic survey *a priori* on the researcher's own experience alone or on another person's theoretical perspective that is based on his or her research. I follow the advice of experienced research methodologists (Bernard 2002, Schensul, Schensul, and LeCompte 1999:177), and select factors and variables for operational capacity (factors with sufficient variables), balance of factors in domains (those that point to possible lesser importance for the study), limitation of time and resources for conducting the survey, and difficulty formatting. I use social relationships, health, and practical actions as domains in the survey and relevant factors for the areas. An example of a conceptual factor within the domain of family relationships is that I set up the survey to ask respondents to rate whether family relationships are caring or neglectful, reassuring or unsettling, essential or unnecessary.

I choose what Bernard (2002:308, 316) calls Likert-type scales to format part of the survey instrument because they allow for more conceptual exploration than fill-in, multiple-choice, ranking, and rating formats. It is also easy to construct, easy to administer, and easiest to analyze because it is so visual in format. Bernard (2002: 308, 316) emphasizes that Likert designed the scaling to measure internal states of people that are multidimensional. A person may think or feel conservative about one subject and liberal about another. A Likert scale asks people to rate things, not just answer yes or no or select from limited answers.

I also use a semantic differential scale developed in the 1950s by Charles Osgood and associates at the University of Illinois. This scale does the same thing as a Likert scale in asking people to interpret things but instead of individuals being asked to rate a statement it uses adjective pairs about a stated topic. People place a check somewhere on a seven-point line toward one or the other adjective that represent polar ends. These paired adjectives comprise a series of variables (Bernard 2002:317-318). The appeal of this tool is both its semantic interpretation and the ability to garner a lot of information in a condensed space.

The survey instrument is translated from English into Lao and then back-translated by research assistants. The four of us then convene to discuss discrepancies, agree on final translations, and then the survey is formatted by Dr. Manithong Vonglokham. I pretest the survey instruments with seven individuals, after which edits are made to make the survey shorter. The edited version is piloted at a weaving group site of 38 persons. A visual look at completed surveys shows that some individuals read just the left column of adjectives and not the right. Some people check two places on the range between the adjectives. Even though the differential semantic format is used on a larger scale, in the end I am not confident that the format works regardless of culture (Bernard 2002:318).

We distribute 167 surveys in three weaving workshop sites, with an additional 7 given to individuals working independently in their homes. We try to manage what I believe is a Lao predisposition to “help” each other when taking a test or filling out forms. It is impossible to prevent entirely, especially at one large weaving workshop,

without appearing harsh and regimented. The collection rate is 100 percent for surveys that are distributed. At one site, several of the office workers are preoccupied with customers but the next day I receive all five of those surveys. There are four situations where the respondents are not literate and the research assistants assist them individually. The average unanswered items are four statements or lines. Only one survey is more than ninety-five per cent incomplete.

### **Additional Research Techniques of Photographing, Reading Official Reports, Recording Expenses, Calendar Scheduling, and Tape Recording**

I collect over 4000 digital photographs, 1000 of these taken by Mitsuhiro Iwasa, a Japanese doctoral student in anthropology, who is in Savannakhet province in the southern part of Laos, close to the Mekong River.<sup>5</sup> Photographs sometimes show me things I do not notice at the time. I quickly discover that the photographs, when printed for about 30 cents each, are the best and least-expensive thank-you item I bring back to weavers since a photograph is a rare possession. The gift provides me an opportunity to briefly visit again, even though a reason to stop in and say hello is actually never needed in Lao society.

I also collect Lao government documents and reports of development agencies working in the country. I copy a great many of these at a local photocopy and camera store. These copies fill a rolling suitcase four feet long by eighteen inches wide and eighteen inches deep. Laos has a national library but it consists of less than an estimated 2,000 square feet. I have no idea how many books are present but a quick look reveals most of them to be older than 1985. One finds written information in the ministries and development agencies. Most people working in one organization do

not know of relevant written information contained in another organization's library. Browsing is not a common practice and usually the person in charge appears confused why I want to do this. There is a library at NIOPH that is combined with the Tropical Medicine Institute that occupies the same building. Books and reports are primarily in English and French.

Standard tape cassettes are used for recording some of the life histories and a few of the interviews. The women assisting me from NIOPH transcribe the interviews that are conducted all in Lao. I also transcribe some of these myself, writing down the Lao I understand and then all the English translation being given at the time of the interview even though I have hand-written notes of these. It is possible to record while a woman weaves because it is not so noisy that one cannot hear the conversation on tape. Yet, often the positioning of the tape recorder as well as how we sit near the weaver is awkward. Thrusting the recorder close to her, as though it is a microphone, is too intrusive so recording is abandoned for interviews conducted in Lao. Interviews are recorded, however, when speaking with individuals who speak English.

### **Working with Research Assistants**

I use five different research assistants during my fieldwork. Two women were from NIOPH. Dr. Kongsap tells me they are to help me as "much as you need them". In reality, they still have the demands of their regular duties as well as trainings, family obligations, and other research projects which make them unavailable a great deal of the workweek. I find a 23-year old Lao woman Pao

Baosithong but her opportunity to emigrate to the United States arises after working for me for only one month. Her friend, 23-year old Souklavanh Chanthavong is eager for the experience and very accommodating for scheduling despite her other job. She has just graduated from the NUOL (National University of Laos) with her bachelor degree. She speaks, reads, and writes English very well. She continues to assist me when she gets a job with one of the nongovernment organizations as a receptionist but her availability becomes limited. I meet a young man while interviewing a Buddhist nun. Phet is a 23-years old student at Lao-American college. He is not reticent to approach people making their living on the sidewalks and is of great assistance for those interviews. Working with different research assistants, accommodating their schedules, and changing to a new person is frustrating in the moment. In retrospect, their assistance, perspectives, and contacts provide diverse opportunities that enrich my data collection.

Although my grasp of the Lao language improved tremendously during the fieldwork period, I need persons to assist me with translations for interviews and other situations throughout the fieldwork. My knowledge of the language does allow me to discern certain issues during interviews. One of my questions is “how can you tell if someone is healthy?” I discover that the research assistants are using the Lao word *bung* which means “to see or watch” for my English word “to tell”. Their choice of Lao word makes the question a leading question which results in respondents telling us what they see when they look at people who are healthy or ill. I switch the verb to “know” (“How can you know if someone is healthy?”) suggesting

the Lao word “*hu*” be used. People then answer with descriptions of how a person looks when ill or healthy or they share deeper explanations.

### **Data Analysis**

My method of analysis consists of comparing weavers in the four types of working arrangements, examining social and economic data.

A cursory analysis of the interviews and life histories is done as they are collected to identify domains, patterns, and variables that are present. Once home, the real analysis begins by reading fieldnotes, life histories, and the interviews that I have collected, coding this textual data by hand, looking at photographs, and inputting interviews and surveys into database software. I use Excel and Access to organize the survey and interview responses. A spreadsheet format and the capability of tabulating as well as sorting the data help me to look at the responses in different ways.

### **Language and Orthography**

I chose the ethnographic present to write this dissertation in the tradition established in the 19<sup>th</sup> and 20<sup>th</sup> centuries by Frank Hamilton Cushing writing of the Zuni and Bronislaw Malinowski in the Trobriander Islands. I write in the past tense when I reference scholarly literature, historical descriptions, and experiences I have in Laos prior to this fieldwork.

The majority of people consent to use their real names and photographs. A few people do not, but understand that I will use a pseudonym for them. I use Noy or Mai (female) and Boun or Seng (male) for those wishing to be anonymous.

I resist writing most Lao words, even phonetically, in this dissertation for the benefit of the reader who primarily reads English. There are Lao words however that I need to include, e.g., *Wat* which translates to Buddhist temple or *ban* which translates as village. In the case of *ban*, it becomes part of the proper name of the village. One might say “we go to Nongtha Neua” but proper speech includes the word village as “go Ban Nongtha Neua”. In turn, one calls the temples Wat SiMeuang or Wat Phra Keo. It does not sound right in English to say temple Phra Keo. Rituals and concepts unique to Lao society require those Lao words as in *baacii sou khuan* or *kamlang jai*.

### **Concluding Remarks**

The methodology I primarily use for this research works well to examine how health is socially reproduced in Lao society. I am able to better understand the social interactions and relations I observe because I am also experiencing them. For example, not only do I see how Lao help each other so willingly, but I am the benefactor of that behavior when I am doing the hard task of washing my clothes by hand. Without “living Lao”, I would not have been able to note the mundane activities of the everyday life. I would not have been able to know what resources Lao use or how they use them when, for example, they are ill. Social relationships and the practical actions that people enact every day are only visible if a person is present when they occur. Participant observation is a must for discerning how these domains are vital components of the social reproduction of health. This ethnographic research method provides a familiarity in which people reveal things about their lives



that matter most to them. Being present for a family only ritual is not happenstance or a planned situation in which the anthropologist is invited. It is a time that I am included partially because I belong there as a member of the household. In this sense, participant observation makes sure I am cognizant of the context of behavior that I see and thoughts that people share with me.

The other methods and techniques that I describe in this chapter provide information by which I can understand what is happening in this daily pattern. The interviews provide an opportunity for me to not just collect new data by which to look at what is going on around me, but also clarifies what I see and do. They also help me make an ethnographic survey. This tool helps me to quantify some of the conclusions I make but more importantly, it reaffirms or negates those conclusions.

Frequently, health and well-being are thought of as outcomes that happen solely because of medical and public health intervention. These actions matter but the social reproduction of health happens at many levels and none so crucial as how people create, maintain, and perpetuate their state of being with the resources they, not officials, obtain and manage.

## **Chapter 3**

### **Being Sabaai: Theoretical Foundations for the Social Reproduction of Health**

#### **Introduction**

This chapter describes analytical categories of the social reproduction of health, examines theoretical ideas that underlie the approach, and reports on research that illustrates health as a socially reproduced phenomenon.

Health does not just happen. It occurs because of what people do, how they act, and what beliefs or values motivate them. Social constructs create, maintain, and reproduce health. People create the social structure and relations in which health occurs. Understanding those processes illuminates how health comes to be, or what is known in Laos as being “sabaai.”

Medical anthropologist John Janzen has long championed the idea of health as socially reproduced (Feierman and Janzen 1992; Janzen 1978, 1992, 2002). The social reproduction of health perspective looks at how individuals, within the context of family and society, maintain a way of life (Janzen 1992:153, 2002:94). Resources of information, social relations, and material goods enable individuals to provide life’s necessities. These are identified and attained through strategies enacted every day. Daily activities demonstrate how practical knowledge operates, how health comes to be, is maintained, and is reproduced. Such resource allocations are affected by historical, political, social, economic, and ideological forces.

### **Social Reproduction: An Initial Concept on Which to Build**

Social reproduction explains how something recreates itself in its own likeness, generating value in production and yet copying in an ever-changing manner. Karl Marx's writing (1867 [1906]) on social reproduction provided the initial heuristic device to explain how something recreates itself in its own likeness while generating value in production. Marx wrote of a circular model of production and exchange in which not only value is created during the production of goods, but relations as well (Blau 1993:18; Caffentzis 1999:160; Laslett and Brenner 1989:383).

With his analysis of social phenomena, Marx's attempt to explain the totality of social exchange only explains waged-worker capitalist relations. Subsistence farmers in the third world, housewives, students, and minorities are not waged workers for the most part, yet their social movements matter in society. There is much in the day that is not involved in wage or profit earning activities. Love, sickness, sleep, friendship, death, housework, sex, and babies are not produced, for the most part, in exchange for money (Caffentzis 1999:175).

Feminists and political activists in the 1970s pointed out that value is created in the effort needed to produce and reproduce the workers, not just the labor that is needed to produce commodities. Marx ignored this unwaged effort because he accepted it a priori and because he didn't think it was measurable (Murray 1979:360). Yet child birth, rearing, housework, care of the sick and the elderly are value-producing activities even though the individuals, usually females, who do this work, do not receive direct payment for the labor. Caffentzis calls this caring activity the

"secret of capitalist life" (1999:175-176). It is the real source of the surplus of production because its effort does not subtract from profit. It also provides the surplus of workers that are readily available for the task of production (Caffentzis 1999:175-176).

Adding these elements broadens the definition of Marx's social reproduction to include the work of reproducing the generation to come. This is much more than procreation. It involves the work of caring for those individuals already living. This expanded concept of social reproduction refers to the attitudes and actions, behaviors and emotions, obligations and relations of everyday life. Social reproduction refers to how food, clothing, and shelter are provided, how children are socialized and cared for physically, how the less-capable are regarded, how the elderly are incorporated, and how sexuality is socially organized. The institutions, within which the work is performed, the strategies utilized to execute those tasks, and the ideology that guides the continuance of life and society, all impact how a society reproduces itself.

The way life is shaped and the manner in which it shapes is central to understanding societal renewal. Copying what exists is unlikely to occur in any exact manner for societies as a whole. There are new individuals over time, with different characteristics that interact in different ways. Health must be present for social reproduction to occur and because it is present, health gets created and reproduced as part of the same process, structure, and relations that occur in social reproduction. The domains of productive and reproductive relations are mutually determinate. The production of gender and class relations is also found within these socially organized

types of work (Ginsberg and Rapp 1991:311-314; Laslett and Brenner 1989:383; Robertson, A. F. 1991:25). Social relations are at the center of this dynamic and mutually affective process.

Claude Meillassoux's study creates a model of the energy or social product needed to regenerate both the productive cell and the relations of production in the social unit. To do so there must be a balance in the community between the number of productive and nonproductive members. There must be enough people of the appropriate age of each sex to reproduce biologically, reconstitute productive adults, nurture future producers (children), and maintain postproductive individuals like the elderly and the sick. The sum of these elements depicts what is needed to reproduce a domestic group. A surplus helps social reproduction; a deficit hinders it (Janzen 1992:157; Meillassoux 1981:xi-51).

The significance of this regenerative cycle is apparent in societies where biological reproduction occurs but the population does not socially reproduce itself. Colin Murray's study of Lesotho communities of Southern Africa (1979:365-384) describes fragmentation that resulted from men performing migrant work in the mines away from their families. Subsistence was dependent on the wage earnings sent home. The population left at home became dependent on the wage earnings of the absent men (called by the women "those who make us live"). The women managed households with a heavy onus of looking after children, the sick, the elderly while producing crops. Social relations of kinship would normally sustain the women's function within the family but disruption between traditional household kinship

relations (bridewealth transfers, share cropping arrangements, and other reciprocal arrangements) threatened the social reproduction of the society and subsequently health. Babies were born but into households that were not managing sufficiently. There was no longer the social unit in which roles were fulfilled and reciprocal relationships enacted for the benefit of the whole society in Lesotho. Biological reproduction occurred but social reproduction did not.

Nancy Scheper-Hughes's study of Brazilian families (1992), particularly women and children, provides examples of the lack of basic sustenance and the circling negative effect on biological and social reproduction. In Brazil, larger forces have negative ramifications on physical health and the social reproduction of that part of society.

Gilbert Lewis (1975, 1993) draws on ecological and social-based explanations for the New Guinea Gnao peoples' response to disease. Lewis says illness can be studied in two ways. One way is by identified bacteria and their physiological effects on the biological body. The other line of inquiry is to study infection and how it occurs. This involves broad questions regarding social issues. He examines weaning patterns, farming work expected of women and its limits on time and attention given to young children, the scarcity of food related to climate, insects and pollution, loss of weight during the season of hardest work, and the physiological demands of work against inadequate nutritional value of foods. Lewis identifies the double burden on women of societal desire for fertility and the productive demand of their labor to supply basic food security. Cash crop development increased the burden of

subsistence work to females. His study examines the changes in Gnao society brought on by the wider world in addition to its own societal arrangements and cultural values (Lewis 1975; 1993:73-124).

My research also examines the effects on health by changes in weaving work arrangements brought on by the wider world. The effect of contextual forces on the social reproduction of health is found specifically within the chapters devoted to weaving. Lao concerns about particular health issues caused by forces perceived as foreign or unnatural are also described in the first chapter on Lao medical culture.

There are other theoretical foundations by which to think about the social reproduction of health in Laos in addition to the core concept of social reproduction. These include social relationships, practical knowledge, habitus, social capital, and agency.

### **Social Relationships**

Psychiatrist John Bowlby's (1969) research on mother and child relationships showed the importance of the environment, (especially in young children), in the creation or avoidance of neurosis. Bowlby's attachment theory proposed a universal need to form close emotional bonds, equal to food and warmth as a primary motivation. Emotional development in early childhood is recognized now as an important time for a person's overall development and ultimately, health and well-being. These bonds form the basis for later social relations in a larger system (Berkman and Glass 2000:138-140; Berkman et al 2000:844-845).

Lao care of and interaction with their children is noticeably close. I describe in the chapters on practical actions and social relationships the emotional and physical bonds between Khamla and her nieces and nephews. I describe how this early familiarity benefits both parties in later years. I show in these chapters and those on weaving how important relationships become later in life as when young women join their aunts in the city for employment purposes, or Khamla's niece comes to live with us to better know her aunt. Sometimes, a child is "given" to another woman and her husband so they will not be alone.

Relationships begin within family or household as a social unit. This is where one starts to understand how health is socially reproduced, the site of another important analytical category—that of everyday actions and knowledge. It is the arena where the majority of social interactions occur where people usually feel impacted the most. However, regardless of the social arena, the time spent, the number and nature of the interactions with others in the setting, the quality and quantity of an individual's interaction with different social units, what resources are available within a particular social unit, and how involvement within that arena affects the individual or the group at large are all factors that affect health. There are many terms that are used loosely and interchangeably under the umbrella category of social relationships: social integration, social networks, social support, social ties, and social cohesion.

Early work by Barnes (1954) and Bott (1957) developed the idea of social network as the structural properties such as social support, relational demands, and



social regulation that characterize relationships. When we look at social networks themselves, we primarily examine structure through size, range and density. We also examine the characteristics of ties through the frequency of face-to-face contact, nonvisual contact, reciprocity, intimacy, duration, multiplexity, and attendance. We find how people have opportunities for social support but also social influence, engagement, person-to-person contact, and access to resources and material goods (Berkman et al 2000:847; Trotter 2000:210-229). My research does not quantify networks of individuals per se, but it does pay attention to the range of contacts. My research focuses on the characteristics of the relationships such as social support, relational demands, and how contacts matter in accessing resources.

Network analysis tracks the individual as a member of several if not many units of sociality because of her work, her familial ties, her interests, her aspirations, and her obligations. Through her links she is exposed to more possibilities, positive or negative, of instrumental information, material goods, and relations (Trotter 2000). In my research in Laos, a woman weaver's expanded network, due to changes in how weaving is produced, brings her into contact with other individuals who might know, for example, how to prevent or heal an infection of which she is ignorant, or why some water causes diarrhea, or how to take an antibiotic medication so as not to develop bacterial resistance. These "new" connections might help her get a better job. She might have more than just her family or relatives or immediate neighbors upon which to rely. However, she could also absorb information or be exposed to activities that might prove detrimental to her or her family's health.

Two physician epidemiologists, John Cassel (1976) and Sidney Cobb (1976) separately showed casual associations between social ties and health. Their works showed how social relationships moderated deleterious health assaults. The emphasis of their research focused on social support sustaining an organism by promoting adaptive behavior and neuroendocrine responses to stress. Their work emphasized social integration (number of social relationships) as a protective factor. Their work also stimulated research in and the distinction between buffering in social relationships and main effects. Buffering is provided to individuals by beneficial social relationships during stressful times. We also refer to this as social support. Studies that use measures of perceived availability of support in times of need are looking at buffering effects. In contrast, main effects are processes that operate at all times and are found in studies that measure the existence of social relationships (House, Umberson and Landis 1988: 295, 307).

Not long after Cassel and Cobb introduced their correlations, long-term community studies revealed the nature and extent of social relationships' impact on health. House, Landis, and Umberson (1988) and Berkman and Glass (2000), citing landmark studies in Alameda County, California, Tecumseh, Michigan, Evans County, Georgia, as well as Sweden, showed that lack of social ties predicted mortality from almost every cause of death.

Berkman and Glass (2000:846) describe a second wave of research in the late 1980s when social scientists focused more on the qualitative aspects of relations found within social networks. The convoy model of Kahn and Antonucci (1980)

depicts the individual in a lifecourse perspective. The person is surrounded in life by others who share experiences and life histories and provide support reciprocally. Studies like these looked at social support or the detrimental impact of relationships, what I defined earlier as relational demand.

Since the terms used for the structural components of social relationships are used interchangeably sometimes, definitions are needed for clarification. Social support is practical help, provision of information, and emotional sustenance in relationships. Relational demand refers to the negative or conflictive aspects of social ties. Lastly, social cohesion is regulating and controlling qualities that exist in relationships (House, Umberson, and Landis 1988:304-305). Since social support is such a general and widely used term, it is beneficial to understand more about this aspect of social networks. Much of the data I collected in Laos constitute social support and is a significant factor in the social reproduction of health in Lao society.

Social support is the most common mechanism by which networks might influence health. It consists of several subtypes: emotional, instrumental, appraisal, and informational. Emotional support is related to the amount of love and caring, understanding and value available from others, provided mostly by intimate associations. Lao people are not particularly demonstrative, yet emotional support is abundant. It is apparent by how most Lao talk with each other, look at each other, and help each other.

Instrumental support is the practical assistance with visible needs, such as getting groceries, cooking food, cleaning house, driving someone to the store, or

actually providing a person a bath or feeding the individual. Lao provide this kind of support willingly. Helpfulness is accompanied by an inclination toward togetherness or more accurately, an avoidance of being alone. This disposition may account for why instrumental support is so prevalent in Lao society.

Appraisal support is help in decision making. Informational support provides information for a particular need. An example from my research is when Khamla advises and prepares for her neighbor Nii a plant poultice for the burns on the arm of the mother's one-month-old baby.

Giving and receiving are reciprocal parts of social support that occur over a life course. The difference between cognitive and behavioral support is important. That a person perceives support to be there if needed may or may not correlate to the reality of what happens. In Lao society, however, support may not be returned directly to the person who gave it from the individual who received it, but instead come from another person in the family. Most Lao with whom I interacted gave the impression they trusted that support would be available from family.

Instrumental, appraisal and informational support may influence health differently than emotional social support. These types may improve access to resources and material goods (Berkman and Glass 2000:144-146), as when young Lao females are recruited by older woman to weave in urban Vientiane.

Referring to the research of both Erickson (1988) and Marsden and Friedkin (1994), Berkman and Glass remind us of the normative guidance people obtain by comparing their attitudes to a reference group. What others think and do about

smoking, eating, and exercise are powerful influences on an individual's own behavior (Berkman and Glass 2000: 146). My research on how Lao define health reflects how individuals are primarily influenced by what they have learned growing up.

The Lao interviewed described health in terms of how resistant people were to illness and how their physical presentation and how they interact with others reveals if they are healthy. People also discussed the acquisition of conveniences, connecting them to well-being and health. Medical anthropologist Stephen Frankel's interests in the New Guinea Huli response to illness found social relations and social effectiveness as key attributive factors to the maintenance of health in addition to proximate causes of injuries and pathogens. For the Huli, health is as much a social state as it is a physical state. Their concern about their physical appearance, in particular the presentation of their skin, is mixed with the attraction to wealth and influence. Physical resilience and social distinction is an ideal state. A fine appearance is said to have a direct effect on others. It increases the generosity of others (Frankel 1986: 53-59, 124-149).

Promotion of social participation is a third way networks may affect health. Enacting potential relations in real life is done through meeting friends, attending parties, going to church, engaging in work. Roles are reinforced through engagement, familial, parental, work and community roles with subsequent feelings of value, identity and belonging. This connectedness gives meaning to a person's life by helping the individual to participate fully, to be obligated, and to feel a bond with the

community. It is through this pathway that a person has a sense of social coherence, meaning, and interdependence (Berkman and Glass 2000: 146).

Berkman and Glass point out that though social support is an important way social networks influence health, it is not the only way. These authors caution against emphasis on proximal pathways to the exclusion of context and structural foundations in which social support is provided. Berkman and Glass developed a conceptual model in which one moves "upstream" as well as down to consider how social networks influence health outcomes. This broader view places social networks within larger social and cultural contexts and links together the processes by which social integration affects health (Berkman and Glass 2000:144).

Social-structural conditions such as culture, socioeconomic factors, politics, and social change condition the extent, shape and nature of social networks. These are issues of norms and values, social cohesion, racism, sexism, competition, and cooperation. Relations of production, inequality, discrimination, conflict, labor market structure, and poverty are socioeconomic factors. Laws, public policy, differential political participation, and the political culture also affect the nature of social networks. Urbanization, war or civil unrest and economic depression result in social change impacting social networks (Berkman et al 2000:846). My research examines these broader contextual aspects within which Lao individuals socially reproduce their health. I do this by an analysis of the effect of the change in means of weaving production.

The effect of economical and political forces on the production of health is the focus of critical medical anthropology (CMA) and the political economy of anthropology (PEMA) as they examine the social conditions in which health and illness are created. These approaches developed out of a critical analysis of biomedical systems, failure of modernization theories of development, and an application of global world systems to the study of medical systems. Its main premise is that death and disease are caused by scarcity of resources, population explosion or the ills of industrialization, but also from the control of resources by a segment of the population with the majority of people having inadequate access to resources (Navarro 1988:166-175; Whiteford 1996:242, 247-248).

Anthropologist Linda M. Whiteford illustrates the approach with a case study of a female named Deidre that makes gender visible in the juncture of political economy and health. Pregnant women in Florida are jailed if the mother is using illicit drugs to "protect the fetus from damage." However, the mother receives no prenatal care or addiction treatment while incarcerated. Additionally, incarceration then separates the woman from her other children. Women avoid seeking prenatal care for fear of having their addiction discovered. They give birth at home, increasing the risk for both the fetus and the mother. Although addiction is not higher in pregnant minority women, the statistics reveal these women are ten times more likely to be reported. Routine drug screens are conducted on women delivering at publicly funded hospitals; women seen by private physicians are not screened. The

laws punish the woman who is poor, pregnant, and addicted (Whiteford 1996:242, 248-252).

The example illustrates what is meant by the impact of broader ideological forces on health but the approach stops short in providing a complete conceptualization of health. It shows how health is not achieved or how health is minimized. It is about the production of negative health. The SRH approach has a different orientation to health as shown in other studies that include macrolevel forces and health as a positive outcome.

John Janzen's (1978, 1992) studies of Ngoma healing networks shows how social networks and the social cell formed through the healer, the patient, and assemblies of people recreate and maintain health in various regions of Africa. The cult of affliction, Lemba, strategized alliance of lineages. These effectively averted what would have been complete societal disintegration in response to the impact of the mercantile trade with the coast that started in the 1650s. Lemba helped to reproduce society through creation of relationships, rituals to decrease fear and distribution of goods and food. Another way the Ngoma ritual socially reproduced society was through practices that enhanced conception, successful birthing, and survival of healthy children in known demographic infertility zones. The pregnant woman enters seclusion in a special enclosure and is cared for specifically with anti-abortion medications, special diet, and hygiene.

Janzen's research also explains how Ngoma type networks are health-building because the broad network spans the whole society. In coastal Tanzania, the Ngoma



networks have been utilized to create a centralized institution with official government recognition as a resource to meet the health needs of the population (Janzen 1992:153-172).

### **Everyday Activities and Practical Knowledge**

The everyday is the setting for how health is socially reproduced. People use knowledge and skills to sustain themselves and others in a biological sense. It is at the level of the everyday that we find the basics of life that comprise the biological components and social constructs of what health is for a particular society. Everyday practices put food and fluids into bodies, provide shelter and clothing for body temperature regulation, and protect the body from harmful events. Yet, daily actions also meet needs for emotional solace and social contact. Most of these practices are so customary and so habitual that they are performed without thinking about them. The action may be purposeful in the sense of intending to chop wood to make a fire. Yet, behavior does not require any purposeful thinking of what one is doing as one is doing it. Descriptions and facts of practical actions provide a “picture” of how health is created, maintained, and perpetuated.

Health exists in the everyday realm of a person’s life or what philosopher Edmund Husserl called the *Lebenswelt*, or lifeworld (1970:127-128 in Jackson 1996: 16; Wagner 1983:108-109). Sociologist Alfred Schutz developed the notion of the lifeworld to mean one of immediate experience prior to any deliberation about what its activities, actions, and objects mean. Phenomenologists say we must go to the level of the everyday to experience, examine and explore practices that result in

health. These are the practices taken for granted in daily existence—the actions and interactions with which people make up their lives, objects that are present for use, and knowledge by which people act (Jackson 1996:2-8, 13, 16, 34, Schutz and Luckmann 1973:3-4).

Activities, actions, and things in life as they exist to the ordinary person are experienced where "practical skills, know-how, and a sense of what to do" exists (Jackson 1996:2-8, 13, 16, 34). A body knows to put food in itself to have the energy to work and the sustenance for biological systems to function. Health exists because of the mode of understanding in place—what is called practical knowledge (Merleau Ponty 1962). This ability is the knowledge by which people feel, think, and act. People do not go about their business because of some explanatory model devised by academics. Most people live their lives without cognizance of analysis and schemata. Yet, even this analysis is not the same as what a person does when "something [is] at stake" (Kleinman 1995:97-100). When we are faced with life and death matters, with existence, and with the edge of life, practical know-how is really in operation (Jackson 1996: 4).

Things are "endured, used, enjoyed more than they are known" (Merleau-Ponty 1962 in Jackson 1996). The enigmas of life such as health might be understood within this practical reality. It is not cause that illuminates health as much as the "intention, implication, and effects of what people say, do and hold to be true" (Jackson 1996:11-12). Michael Jackson (1996:11) sees as "pragmatic truth" what happens when "belief is invoked, activated, put to work and realized in the lifeworld".

French sociologist Pierre Bourdieu also tackles the realm of practical knowledge but not as a phenomenologist. He does not take for granted what people do in their daily lives nor the broader social patterns. All people have suppositions about the world and their place in it. They talk about how their world is, how it should be, what human nature is, and what is responsible for their creation and their continuance. Written or oral, these ideas are learned and constructed in the realm of everyday life. The accounts exist, however, not just for cognitive purpose. They are “about doing as much as they are about knowing” (Jenkins 1992:69). Paraphrasing Bourdieu from his *Outline of A Theory of Practice* (1977), Richard Jenkins explains only as “one does things is it possible to know about things” (Jenkins 1992:96-97). Bourdieu’s “set of thinking tools” (Wacquant 1992: 50 in Jenkins 1992) includes four concepts applicable for what happens in people’s daily lives related to the social reproduction of health. These are practical logic, habitus, fields, and capital. I add agency as a fifth concept to keep in mind while looking at how health is socially reproduced.

### **Practical Logic**

Bourdieu grounds study of social life and human behavior in what Ostrow (1981:284) refers to as the “practical perspective of actors.” This is not a subjective native rendering of experience but an accounting of the way people act, talk, feel, and think as part of an environment, interactive with historical processes and accountable to identifiable structures (Bourdieu 1990:26-46). The repetitive mastered acts of daily life are not consciously organized. They are not accidental either. Socially

accepted behavior is produced by routine, not by actors being able to adequately explain what they are doing (Bourdieu 1990:53-59, 69-70, 72-74; Jenkins 1992:76; Ostrow 1981:280-281; Wacquant 1992:18).

There is a pattern and regularity of how things are done. There is logic to actions and events understood best by those who are part of them. Bourdieu presents practice as a product of processes that are second nature to those who participate in them. Actors recognize this logic not by intellectually thinking about it but by doing it (Bourdieu 1990:35; Jenkins 1992:72). The way Lao drive their motorcycles is an example. To a person who has not lived in Laos, people drive in what appears a crazy manner. However, after driving a motorcycle for six months, I found myself driving the same way. I found myself driving on the sidewalk to get to the corner to turn rather than drive down the street a block to turn around or try to cross four lanes of traffic to get to a left-hand turn lane. I even drove in the rain although I never mastered holding an open umbrella at the same time!

Bourdieu uses the metaphor of a game where actors have a sense and a mastery of what to do because they are such an integral part of the action. He emphasizes, however, that people do not choose to act this way. They do so because to the person there is no other option that would work (Jenkins 1992:71). They have grown up learning, more through repetitive nature of the activity than through the teaching of it, the necessary cultural competencies to an extent where the individual is incapable of perceiving any reality besides "the way things are" (Jenkins 1992:70-71).

Bourdieu rejects the structuralism of rules and codes for every conceivable situation. Actors improvise as they perform because actors are fluid and interact with complex and variable daily circumstances. They delay or execute actions as a resourceful means of strategizing (Jenkins 1992:71). People encounter resource limitations, have or lack individual skills, and must reconcile the history of what has already happened. Bourdieu's notion of strategies impresses on us the mix of freedom and restraint that individuals deal with in their interactions (Jenkins 1992:72). The practices that determine health in one individual or in the collective happen in the logic of our sociality.

### **Habitus**

Practice does not happen solely because a person decides rationally to perform it, yet neither does a superstructure explain it. For Bourdieu, practice is there because of habitus. The word's Latin meaning is a "typical or habitual state or appearance," particularly of the body. Habitus is a group of what Bourdieu calls "dispositions" that generate strategies to get what an individual wants and needs, but without seemingly being designed to do so. Bourdieu says these dispositions exist in the bodies of the actors. They are in their minds but also in their physical activities. They also exist when those acts meet with the environment and others' thoughts, feelings, and behavior. Habitus is what we witness when we see the physical acts of the body. Habitus does not cause the actions that are visible to the observer as that would be too mechanistic. It does however dispose or incline the actor to do certain things. In this sense, habitus provides the basis for creativity, invention, and activity (Bourdieu

1990:53-59; Jenkins 1992:79; Ostrow 1981:280-281). Habitus is a resource for the individual and the collective. We are able to reproduce the social conditions of our own production, in a way not determined, but by creation and invention (Bourdieu 1994:76, 86-87).

Such a system of schemes is acquired by mostly unconscious learning. Once habitus becomes part of someone, it can seldom be removed because it underlies all else to be experienced (Bourdieu 1990:58-59; Jenkins 1992:78-79; Ostrow 1981:280-281). The system is like habit but different in that it is embodied in a link to historical processes, individual history, and a genetic mode of thought. A habit is mechanical and repetitive but habitus is productive. Habitus is not a static structure. Habitus has great generative ability because it reproduces the logic of the conditionings that produce it while at the same time transforms that conditioning. Habitus is an acquired system of inclinations that adjust themselves to the environment in which they exist (Bourdieu 1994:76, 86-87). These "structuring structures" (Bourdieu 1990:53) are not just attitudes but the whole spectrum of thinking and feeling from a Kabyle male sense of honor (the Algerian-based ethnographic fieldwork Bourdieu conducted in the 1970s) to classificatory schemes and taxonomies such as male/female or hot/cold that are rooted in the body (Bourdieu 1977:59-62, Jenkins 1992).

Two prominent characteristics that underlie Lao habitus are a high regard for *thammasat* (things that are natural), and *bo poudio* (not alone). The latter places great value on, but also acts to assure, togetherness and helpfulness. I explore these

dispositions fully in the chapters on Lao medical culture, practical actions, and social relationships.

### **Agency**

Anthropologist Lynn Morgan points out in her study (1993:17) of the United Fruit Company's effect on Costa Ricans' health that "inhabitants managed their own care prior to foreign organizations or the national state getting involved in healthcare." Although her study emphasizes the impact of forces larger than the individual, she is also telling us that people act and care for each other as part of their everyday lives and usually find ways to deal with inevitable changes in their lives. They are not passive beings. They demonstrate agency.

Agency entails a state of being in action or of exerting power by an individual. Agency is involved when people practice strategies to get what they want, use resources to accomplish goals, and respond to change in their lives. Agency is social interaction that reproduces itself but also changes the contexts and structure of the engagement. This is done through an interactive process. People respond to the events that unfold before, around, and behind them (Emirbayer and Mische 1998:966, 970).

Agency is temporal in that its past or what we conceive as its habits informs it. It can also imagine alternative ways of doing things due to its future orientation. Agency is also of the present because it evaluates the here-and-now of its practice in light of the past and of the future. Choice is "imagined, evaluated and contingently reconstructed" (Emirbayer and Mische 1998:966-997, 1012).

The core concept of agency is that of the past. It refers to people activating past patterns of thought and practice to give order to their world. This maintains institutions, interactions, and identities over time. Agency is visible when people engage with the patterned and taken-for-granted actions of everyday life. When Lao conduct the *sou khuan* ritual, practice *maad khen* (tying of strings on wrists), or avoid being alone, they are exhibiting agency.

There is a projective element of human agency associated with the present. It refers to imagined actions in which people might conceive differently of the world. It is born out of actors' fears, desires, and hopes for the future. Khamla and her daughter's agency made possible Mannily's emigration to America.

Actors have the capacity to judge possible alternates. This is a practical-evaluative element oriented to the future. This is done in response to emergent demands and dilemmas of situations (Emirbayer and Mische 1998:971). This dimension of agency is important to our view of practice because it shows how schemes can be challenged and changed and why this happens. People don't just repeat behavior but they create it anew each time (Emirbayer and Mische 1998:983-984).

## **Capital**

The concept of capital is another way to consider how health is socially reproduced. Capital results when assets are greater than debit resulting in a surplus. Capital can be used directly to obtain something, create more of what a person already has, or regarded as a safeguard against a rainy day. It has value. Economic



capital is capital that is converted immediately, for the most part, into money (Bourdieu 1986:241,243). Particularly in western technological and informational societies in which health care is a product to be purchased, individuals with economic capital have better means to restore health. Economic capital provides advantages to individuals because they can obtain not only the basic necessities of life but also those items or services that make living easier. Economic capital is thus a type of power.

Two other fundamental ways capital presents itself are cultural and social. Cultural capital exists because individuals possess traits, material goods, and relationships that give them advantage. This type of power is convertible into economic capital in certain situations. It is often institutionalized, as when individuals who are educated maintain that position in society by the ability to send their children to be educated. The system reproduces itself because an individual with a college degree is more likely to make more money than an uneducated person (Bourdieu 1986:243-248).

Bourdieu introduced the concept of social capital. He views social capital as a personal asset for individuals, families, and groups that are better connected and hence better able to use the resources in their networks and relationships. Social capital is made up of social obligations (Bourdieu 1986:242-258). Alejandro Portes (1998:6) defined the concept as "the ability of actors to secure benefits by virtue of membership in social networks or other social structures". DeGroot and Tadepally (2001) think this conceptualization distinguishes Bourdieu's social capital as an individual social capital and Portes' as collective social capital. Bourdieu's social

capital is equated more with the benefit itself and Portes' conception is identified more with the ability of the actors to secure the benefit.

Ability is a necessary component of strategy and is implicit when one thinks about people interacting with each other. And the idea of the resource as something held or used impacts health if one thinks of food as providing sufficient calories or the necessary vitamin for cells to repair themselves. Social capital is both ability and benefit. One does not operate without the other.

Another understanding of social capital worth noting is as a community asset found in networks, its trust and solidarity of homogenous groupings of people. Anthropologist Mike Mtika (2001) writes of the village leader in Malawi who uses social capital to keep one half of the village working on any given day while the other half attends the overwhelming number of funerals due to the AIDS epidemic. In this way, social obligations are met, food production is assured, and the well-being of survivors is less compromised.

This dissertation examines how Lao use capital of social relationships, of textiles, and of Buddhism to socially reproduce health. This latter brings us to the consideration of ideology in the social reproduction of health.

### **Ideology**

At the heart of every culture lies a worldview that shapes its institutions and its social relationships. This shared concept of a moral, social, and political order is associated with the well-being of persons in a given society (Janzen 1981:188-192). Ideology guides practice and influences conceptions of health. Naomi Adelson's

study of the Whappmagoostui Cree of Canada (2000) illustrates the inseparability of the Cree's beliefs regarding aliveness, what it means to be Cree, and the keys to “being alive well.” This phrase, “being alive well,” is the closest rendering of the Cree term *miyupimaatisiun* and correlates to what the Cree mean as health. Essential elements of nutrition, shelter, physical ability, social relations, and connection to the land are part of spiritual beliefs and values in the Cree cosmological whole of “being alive well” (Adelson 2000).

Lao have the concept *sabaai* to depict health and well-being. *Sabaai* goes beyond the physical, mental, and emotional body to include people within the context of their families, physical environment, and beliefs. The concept incorporates Buddhist values but these are not preeminent elements. *Sabaai* is comprised of a regard for things that are natural, of nature, and in balance (*thammasat*). It includes an avoidance of being alone (*bo poudio*). It demands that *khuan* or the essence of a person be present in the body. It involves *kamlang jai* or giving power to the heart. I explain these concepts thoroughly in the chapters on Lao medical culture and social relationships.

Anthropologist Grant Evans (1999:29) distinguishes two ways to articulate Lao-ness—speaking Lao and the practice of Theravada Buddhist values. Buddhism is obvious in Laos by statues of the Buddha and other key figures, stupas, temples, and the presence of monks. Yet, a Buddhist way of life is not just monastic orders, but the interaction between monks and the laity (Lester 1973:131). The foundation of values that the Buddha provided in his teachings directs people's action in their daily

lives. Every morning, women stand outside their homes with food to give the monks who walk through the village to receive their daily sustenance. An individual given food by one person will share it with another, even if it is only a single orange. Food brought to the temples on special ritual days is redistributed after it is blessed. These are ways to make merit for the next rebirth that all beings anticipate in their journeys of life. They are also significant practices in creating and maintaining well-being in Lao society.

Other examples of what it means to be Lao and what it means to have well-being are described in the following chapters. However, Lao-ness is more than speaking Lao or practicing Buddhism or any of these articulations alone. Lao-ness is the outcome of those processes of socially reproducing sabaai or well-being in which a distinctive Lao way of life continues.

### **Conclusion**

If we are to know health, we must seek the core elements of health such as nutritional sustenance, shelter, hygiene, physical and emotional care, and spiritual coherence. Then we must discern what practices produce these essentials and what thoughts and feelings give them value. We must distinguish how people identify resources and how they use those resources of sociality, information, and material goods to make health and in so doing, make themselves and their society. Most importantly, we must listen for how people define and speak of living well or as Lao would say, being sabaai. The process will illuminate the enigma of health and possibly a whole lot more.

The following chapters share the results of my research in Laos using the perspective of the social reproduction of health. Because the process of creating, maintaining, and reproducing health is in the activities of daily living and social constructs, and affected by larger economical forces, using the social reproduction of health perspective helped me to know which data to collect to answer my questions and to analyze the information within the constituent ideas of which the social reproduction is comprised.

## **Chapter 4**

### **Lao Medical Culture (I): Conceptualizations and Preventive Practices**

#### **Introduction**

This chapter presents Lao conceptualizations of health and illness with a focus on preventive health practices. It looks at what health means to a Lao person, what he or she think keeps people healthy, what Lao think causes sickness, and what they do to prevent illness.

Anything identifiable as beliefs, knowledge, and skills related to healing and health in a society is its medical culture (Last 1992). Physician anthropologist Joseph Westermeyer (1988:770) stated there “is no one schema...on the Lao philosophy of health and disease.” He considered ideas by which Lao explained health and illness as “folk theories.” Westermeyer’s analysis was set within his biomedical orientation and then, current anthropological theory that focused on sectors of health care such as popular, professional, and folk (Janzen 2002:215-216). He was accurate to note the complexity of Lao medical culture. It consists of a mix of values, practices, Buddhist thought, conventional spiritual beliefs, indigenous healing practices, lay knowledge, and the influence and adoption of biomedical interventions.

Health is "not self-evident [but] produced in a particular moment, a particular context, a particular time" (Jenkins 2002). Ideas and practices must be placed within the social context within which they arose, thrived, and survived to understand their significance. They then become “recognizable coherence at the core of a tradition” ((Janzen 2002:213). Janzen (1992:163) states “a medical tradition consists of

characteristic ways of identifying and classifying disease and injury, organizing treatments, and expounding teaching. It is imbedded in logical and ideological contexts of the culture and the community, shaped by economic, social, and political forces.” Multiple medical traditions exist within Lao medical culture.

### **Medical Pluralism**

A health care sector description of a medical culture encounters multiple and overlapping spheres of practice and influence between categories. Charles Leslie (1976) grappled with the dimensions of power and organization inherent in looking at cultures from a health-sector perspective. Leslie conceptualized this as medical pluralism (1980). He refined this idea to describe the phenomenon as syncretism, in which multiple medical traditions not only coexist but there is a blending in the process. Charles Leslie and Allan Young explain in *Paths to Asian Medical Knowledge* (1992:1-18) that medical cultures of contemporary Asia are coherent traditions embedded in distinct cultural premises, understood only in historical perspective as they continually change (Lock and Nichter 2002: 4-6). Medical pluralism and syncretism provide good ways to comprehend Lao medical culture.

### **What It Means to be Healthy for a Lao Person**

#### ***Sukopop and Sabaai***

There are many words and phrases in the Lao language relevant to health but people use *sukopop*, *sabaai*, and *kheng haeng dii* most often when asked what it means to be healthy.

Mitushiro Iwassa, the Japanese doctoral student in medical anthropology conducting similar research to mine, asked an older Lao man “if you are *sukopop* (healthy) but your wife has a cold, are you *sukopop* or are you *sabaai*?” The man told him “I am *sukopop*, not *sabaai*.” Another person answered that he was neither *sukopop* nor *sabaai* because if his wife is sick, he is worried for her and therefore, he is not *sukopop* either. Both men distinguish *sabaai* as a term for a feeling or experience of overall health. The word *sabaai* is holistic in that it includes worries such as concern for someone or if a person might not have enough money, as well as the physical state as depicted by symptoms of a cold. It implies that there are broader things not right in the person’s life. In contrast, Mitushiro asked “what condition is *sukopop*?” People responded with “not have a disease” (Iwasa 2004:personal communication; Iwasa 2004:7-12).

Older people living in this rural area told Mitushiro that when they were children, they did not know the word *sukopop* until they learned it in school. However, an older woman in Vientiane said she knew the word *sukopop* as a child. The use of the word *sukopop* may be a consequence of education and exposure to public health messages that occurs more readily in urban areas. Use is also age-related, since older people did not have the same opportunity for education or exposure to the media that Lao children have today. Television, radio, poster, and in-person health promotions use the word *sukopop*. *Sukopop* is used more in an objective capacity describing diseases and illnesses. *Sabaai* is used to describe how a



people experience their illness or their health. This is evident in its use for common inquiry about another person.

Sabaai is part of a general greeting to a person. When I ask “*sabaai dii bo?*” (how are you) I am asking in general about the person, not just about their physical being but also about their job, their children, and their happiness. The person may respond in the negative by saying “*bo sabaai,*” (not well). This could refer to their overall situation or it could mean an actual physical illness. They might add something indicative of a physical body problem such as *ben kai* (have fever). Sabaai then incorporates physical symptoms but includes much more than just the physical health that the term sukopop does. Sabaai is closest to the word “well-being” in the English language.

### **Strength, Resistance, and Able-bodied**

I often heard the phrase *kheng haeng dii* when I asked “how are you” or asked “what does it mean to be healthy.” People tighten their hands into a fist and bend their elbow to show off upper arm muscles. The phrase means to be strong, sturdy, robust, active, and durable. “Kheng” also connotes courage, being solid, and stubborn (Kerr 1972). Lao use this phrase to mean that their whole body, inside and out, is well, healthy, and resistant to inevitable threats. Another phrase that is used is *mii pum toh than*, which translates as resistant, able to defend oneself as though in combat.

Many Lao told me that healthy means one can work and not get tired easily. It also requires a balance between work and rest. One female weaver told me “if

work hard, easy to get old. If not work hard, stay young.” The phrase, *sukopop tok tann* (health falling down), describes older people as they become physically frail. This phrase is also used to describe a younger person who has a chronic illness or condition.

Pannchannii, a 45-year old married women who weaves in her home, told me if “I do not get sick, I will win 50 percent of my life. I will keep half of my life. I win, I win.” She goes to the doctor every year for a checkup to make sure there is no problem. She decided to do this because “if a disease starts in my body, then I will know exactly.” She can “correct a little problem early,” although most people do not go to a doctor as a preventive measure. She used to take friends’ and neighbors’ advice but did not get better. Now, she goes to a western medicine doctor.

Health also means to not have pain or fever. It means there is no disease in the body. One weaver explains “if my niece is not healthy, she eats slow, walks slow, gets up late, have hurt liver, her eyes and skin are yellow, has eczema, think slow.” A person that is healthy “can eat and [he or she] can sleep.”

### **Mental Health**

“[If you] have enough food, enough money, have enough things for life, for living. This makes person have health and mental health”. This statement by a weaver draws attention to a healthy mental disposition. Lao people say a healthy person does “not worry” and he or she do not “think too much.” It is important to have a “happy heart and to be kind.” Healthy people have a *sii vit sot soun* (fresh life), meaning they have energy, are happy, and “do not talk negative to another

person.” Mental health is referred to as *chit chay* (the spirit and the heart), *neo kit* (the thought), or *samong*, *sen pasath*, *labob pasath* which translates to physiology, the brain, nervous fibers and the nervous system (Bertrand and Choulamany 2002:11-12).

German cultural psychologist Didier Bertrand and Lao psychiatrist Chantharavady Choulamany (2002:80) list 52 disorders divided into 20 non-mad and 32 mad disorders as defined by 86 informants they interviewed. This Lao dualistic division depends on symptoms. People make these categorizations according to physiologically based disorders such as nerve and brain damage but also by causes such as spirit attack or possession, people breaking taboos, or defective family care. Unusual behaviors and thoughts define the *baa* (insane). Many individuals may be described this way, regardless of a recognizable medical diagnosis. Persons with epilepsy come under the insane category as well as persons with intellectual dysfunction such as someone with Down’s syndrome. A person who is mentally retarded is called *bo them* (unfilled). Even persons involved in family violence, conflict, gambling, or delinquency might be considered mentally ill. Lao do not regard someone suffering mentally as a problem unless there are abnormal behaviors that greatly impact others around the individual. The aforementioned study found that family and community respond to mental health problems in a supportive and integrative manner. Families use traditional health providers and monks the majority of the time to assist them (Bertrand and Choulamany 2002:13, 16).

### **Knowing if a Person is Healthy**

More than half of 40 weavers interviewed said a person knows if another person is healthy by looking at him. Pian, a 46-year old woman relates that “first, you look at their face. If the person smiles, she is healthy.” Aor, a 37-year old woman, thinks that “if it [the face] is not sad, the person is healthy.” To another weaver, 55-year old Thanchann, a healthy person is also a very kind person. She further explains the person has no disagreement with others. The person is not negative to others. Twenty year old Nanjann reinforces this perception that “if she [a person that you look at] is healthy, this means she enjoys things, she is happy.

Women also present the concept of “freshness.” Muey, a 44-year old female looks at people’s faces because “people who are healthy, their face is *sot soun*. If their face is upset or they do not smile, they are not fresh. Maybe they think a lot about problem or disease.”

The concept of energy is part of an individual’s health status. If a person looks strong and “can work, is active to work.”, he or she are healthy. The phrase “can do anything they want to do” is used by many people as they describe how each of them know if a person is healthy.

Four weavers tell me a person cannot tell from the outside what is happening inside and whether another person is healthy or not. Nineteen year old weaver Tomm will guess and “if they look tired, then I ask.” A 42-year old female knows only “because I ask them. I do not know. I have to ask. I cannot look inside, I only see the outside. Maybe it [the body] looks strong but inside it is bad.”

People are more definitive when asked how they know if someone is unhealthy. They see thin, yellow skin, tiredness, back pain, and visible sadness in the person, particularly in the face. Their assessment also includes what the person complains about such as eyes hurting or headaches.

These responses reveal that individuals think about the distinction between a person's inner self, whether physical, mental, or emotional, and what the body portrays outwardly in terms of a disease or physiological abnormality. Some weavers explain that if they see a person with observable symptoms, they would think the person is not healthy. Yet, they are not certain because they cannot see or do not know the cause for these symptoms.

### **The Essence of Life: *Khuan*<sup>6</sup>**

The Lao believe that well-being results from having one's *khuan* firmly integrated in the body. *Khuan* are responsible for health as well as what it means to be Lao.<sup>7</sup> Definitions and interpretations of *khuan* include soul(s) (Ngaosyvathn 1990:285), vital essence (Keyes 1995:116), life-essence (Heinze 1982), and vital spirit (Rajadhon 1962:73 in Ngaosyvathn 1990:285). *Khuan* are in animals (especially horses, water buffaloes, and elephants), rice, house posts, and human beings. *Khuan* are inherent in life at birth. It resides in a physical form to vitalize and animate organs. *Khuan* attaches to the body and grows stronger as a child grows (Heinze 1982:17, Keyes 1995:116).

Thirty-two *khuan*<sup>8</sup> must be present in the body for health to be present. Although there are individual *khuan*, and people can appeal to particular ones, usually

khuan are thought of and interacted in a collective sense. Khuan constitute a unique whole that generates vitality and completeness to the person. Khuan protect the person lest misfortune might lead to death (Keyes 1995:116, Whittaker 2000:51).

The most important khuan reside in the head, consistent with Buddhist cultural belief of the head as the most strategic part of the body. The head's symbolic importance is enacted in behavioral taboos. Lao individuals keep their head lower than that of a superior or an elder. This necessitates crawling or bending low to pass by a sitting person and is still seen as Lao stoop in front of the monk in the temple or when passing in front of an elder (Ngaosyvathn 1990:287). Social behavior is so conventionalized that Lao may not even know the reason for their decorum but the custom originates in the sacredness of the head and the khuan that reside within it (Radjahon 1962:128 in Ngaosyvathn 1990:287; Whittaker 2000:70).

Khuan have a propensity to leave the body. They can be easily offended as when a foot points at the head or they can be frightened by stressful situations. The highest khuan reside above the crown of the head and they exit and enter the body at this location. Khuan leave the body in "search of fun, love, or to pay homage during courtship" (Ngaosyvathn 1990:286-288). They need reminding to stay "home", avoid unwelcome places, or avoid being led astray by evil companions (Nhoy 1959:130). For these reasons, people undertake actions to retain the khuan or to entice them back. Beautiful gold and silver adornments are worn to please the khuan (Halpern 1961:17, 19-20). People tie strings onto other's wrists and sometimes around babies' necks to secure khuan to the body.

## **Ideals of and Preventive Measures for Health**

René DuBos (1959) contends that myths, folktales, and legends imply people have convictions of perfect health and happiness being birthrights of men. DuBos asserts these beliefs are illusions and dreams that rationalize a philosophy of life. There is no "complete and lasting freedom from disease" manifested in "a struggle [that] is incompatible with the processes of living" (DuBos 1959:1-6). Yet people persist in believing in the ideal of health despite history confirming DuBos's conclusion.

### **Practicing the Three Cleans**

If people live cleanly in Laos, they are and will be healthy. Adhering to ideals of cleanliness also determines the goodness of a person. Lao repeatedly state "*gin saa aat, u saa aat, nan saa aat* (eat clean, live or be clean, sleep clean)". The "Three Cleans" phrase was introduced by the Lao government in the early 1970s (Stuart-Fox 1986:150; Kongsap 2004: personal communication).

Older people said that Lao have always practiced cleanliness in their everyday life. Aor explains the different "cleans" as

Eat[ing] clean means after cooking, you clean things. You clean the area, you cover the food from flies. Live clean means wash clothes every day, have clean bed, clean ground by picking up things and sweeping. Sleep clean means wash pillow and blankets once a week, open the windows to let sunshine inside.

Naan Jann, a 22-year old weaver who with her husband and one-year-old child lives with her parents and siblings, remembers living in a small village far from a town and

"it was quite dirty. That made me get ill. In Vientiane, we can eat cleanly and live cleanly. We can make health. For example, when I

worked in the field, I wanted to drink water but I can only get it from the stream. Sometimes I drink it and it makes me sick. Also some food I eat directly without cleaning or washing it. In Vientiane, the water company brings clean water for each house to buy. Or you can boil it.

Nineteen-year-old Ongkham weaves and lives in a group setting with 30 other females of similar age. Her family lives in Sam Neua in the north of Laos, which is at least three long days drive by bus. Ongkham emphasizes that a person must “bathe every morning and only wear clothes for one day before washing them.”

### **Keeping Healthy through Exercise**

Forty percent of interviewees tell me a person should exercise everyday to keep healthy. Yot, a 23-year old male weaver, surprises me when he claims to run up the main road on Ban Nongtha Neua at 5 AM. Most individuals depict exercise as walking but not in the aerobic manner Westerners practice. Walking to Lao means ambling down dirt lanes or around the yard of their houses. However, Lao increasingly devote leisure time to planned exercise. Many people walk and sometimes run the asphalt space in front of the national stupa That Luang before the sun rises, an area the size of two American football fields. Young Lao men in their twenties and thirties use the public space in the evening to play soccer. People also walk around the Patuxay monument that is located in the middle of a large traffic circle. Lao women in particular, attend classes of aerobic exercise at an outdoor venue along the Mekong River during the evening. Two individuals lead fifty participants in exercises accompanied by blaring western music. Occasionally, I see



early in the morning small groups of Lao and non-Lao bicycling. They are garbed in lycra racing clothes and wearing bicycle helmets.

### **Family**

The family is important in keeping people healthy. Sixty-five year old weaver Nung Thaio knows that “my husband loves me, my children love me and take care of me. If my husband or child does not love me, it will make me worry, I will be unhealthy.” For Nung Thaio, if you want someone to love you then “you have to love them first. For example, I love them, even my daughter-in-law. I am kind to them. Do not be angry at them, don’t talk negative way to them.” Nineteen-year-old Tomm, who lives and works at Phaeng Mai with about 50 other people, views “living together keeps people healthy. People are happy when they stay together. It is different here than with my family because here I live by myself. Here, I care for myself. There (meaning living with her parents), it is easy. If I have no money there, I get it from my parents.”

### **Money and Keeping Healthy**

One man tells me that a person who has no money can be healthy but “not too much because he has to work so hard. If get more money, then healthier but if work real hard, not get healthy.” Sii Pann and Bounlemn, the husband and wife from whom I collect life histories, tell me that the opposite can be true also. Their neighbor was very rich and he stopped working. The old man “died because he sat around.” Healthy means being civilized. To this couple, this means to be “modern like western societies.” This means a person has enough money to have what they

need in life. That includes a car, a house, television, enough food to eat, and health. Nung Thiao's advises if someone "[has] more money, they will be healthier." If she had more money, she would "use it for everything, to give, to do something, for people to borrow, to get interest from it."

### **Keeping Healthy with Food, Especially Rice**

Rice in Laos, as in all of Southeast Asia, connotes life. Rice is a necessary part of every meal. Rice is more than its nutrients that sustain bodies. It is more than a food to ease hungry sensations. Southeast Asians understand it to be an essential part of the human body explained as "man's body itself" (Hanks 1972:22). People express physical and emotional distress if rice is not eaten at least once a day. In Thai and Lao languages, *gin khao* (to eat rice) is literally also the verb to eat. However, for the Lao this regard for rice is for the glutinous type called *khao niow* (sticky rice). This contrasts with *khao jao*, the variety of white rice familiar to Westerners. For Jomchan, eating white rice is like eating noodles because it does not make a person strong like eating sticky rice does. The distinction between rice is important in Southeast Asia cultures. It serves as a signifier of class and aspiration in Thailand. It is a statement of affinity and identity for Laotians. At one time, sticky rice was grown and eaten all over Thailand but cultural shifts in cultivation coincided with social changes of class and intelligentsia. People who only eat white rice regard sticky rice with disdain as a food of the poor people. The reaction goes deep, involving the contentious relationship historically between Thailand and Laos as well as elite and peasant (Moerman 1968:11). On the other hand, eaters of sticky rice have

a self-image of being industrious and solid. They believe no man can sustain himself on ordinary rice. Only sticky rice makes a person strong enough for heavy work or can satisfy a person (Ngaosyvathn and Ngaosyvathn 1994:17-20; Whittaker 2000:51).

Yet, people also are of the opinion that non-Lao are constitutionally unable to eat sticky rice. Lao commonly express amazement that foreigners actually like sticky rice, prefer it to ordinary rice, or can eat it without physical problems (Whittaker 2000:51).

Khuan must be present in rice for it to have nutrient quality and for its continued fertility (Keyes 1995:116). Anthropologists' in northeastern Thailand (many people who are culturally Lao) found that villagers liken *Mae Phosop* or Mother Rice to any pregnant woman that "delight[s] in scented powder and bitter-tasting fruits" (Hanks 1972:21). Farmers ritually gather khuan along with the harvest of rice. Rice mill buyers carefully return, from a handful of grain, the khuan to the farmer to impregnate the next year's crop (Hanks 1972:21). Rice, women, and earth nurture not only physical bodies but spiritual well-being as well. Khuan, the essential element in human beings, is nourished first by the body of the mother, then through breast milk the infant suckles, and finally by rice itself (Keyes 1995:132).

No ritual conducted in Theravada Buddhist cultures is complete without rice. It is used as propitiation, enticement, and nurturance for spirits and khuan, and as sustenance for participants. In a *sou khuan* ritual used for healing, errant khuan are called to inhabit a sticky ball of rice that is then rubbed on the person's palm, returning the vital essence to its rightful home and transferring the illness to the rice

ball. The rice ball is then thrown out a window, returning the transferred phii, or spirit(s), to a place outside the body. The sticky rice, along with other sweets, is what Whittaker (2000:44-47, 51) calls supernatural bait for Buddhist angels, spirits, and souls to call back errant khuan. The eating of rice, particularly because of sharing sticky rice from the common dish, reinforces the relationships and the social support necessary for well-being. Just as khuan is the essence of life, rice is essential for life (see Tambiah 1970).

Mai, a 26-year old weaver asserts eating “food from the five groups” keeps someone healthy. Jomchan thinks eating vegetables from the forest, such as bamboo shoots and soup made from them “makes strength and [a person] healthy.” People know what is not good for them to eat as well because “eating the inside parts of animals, such as the liver of chickens or water buffaloes, is not good for a person because although it has lots of protein and is delicious, it increases a person’s blood pressure<sup>9</sup> and causes a person to gain weight.” Causes of sickness are because some people “work hard, they eat only vegetables from the forest, like bamboo. They do not get protein. They do not eat meat which will make them strong.”

Khamla comments on the women picking greens in the vacant lot next to us. They *ghin thammasat* (eat from nature). The women are gathering from plants that grow without human tending. Many Lao have small household areas in which they grow onions, garlic, and a few other leafy green vegetables, but this gardening is not the same as eating from nature.

Lao also eat foods according to the season. People cannot afford to pay for imported fresh fruit or vegetables grown elsewhere in the world, with perhaps the exception of apples. Vegetables such as lettuce and green onions are grown year-round in Laos. Fruit though is seasonal. When mangos become abundant in May and June, they are eaten in great quantities as are durian and lychee.

The theory of humoral balance is behind dietary proscriptions and prescriptions. These beliefs dictate the eating of raw or overly cooked foods, quantities consumed at a time, and the cleanliness of water. Some foods are inherently hot or cold depending on the state of the individual. Although spicy foods are “hot”, other foods Westerners would never associate in this category are fruits like the lychee and durian (Keyes 1995:129). The proportions of heat and cool properties in food are important for equilibrium. Taste and fragrance of foods influence the overall balance of the body resulting in a person’s emotional state and behavior (Westermeyer 1988:770; Whittaker 2000:50-51). Some Lao think the chili peppers that season food are necessary for health. Others think they are responsible for stomach aches. Khamla’s sixteen old nephew Boun jokes “*bo phet, so sep, bo kheng haeng dii*”(not spicy, not delicious, not strong and healthy).

Lao women do not eat *tammahou* (the quintessential Lao dish comprised of shredded raw papaya, *padek* [fermented fish sauce], chili spice, and sometime coconut juice) during menses. Eating this food will prevent the blood from coming out of the body as it should. The body will not flush or drain well.

The Lao consciousness of the natural world figures in admonitions to stay healthy such as that from 33-year old Sengchan to “not drink cold water and wear a sweater.” She emphasizes that when the weather gets cold, it is important not to take a cold bath. Lao do not drink cold water. The Lao doctors who assist me with interviewing explain the coldness of the fluid makes throat muscles tighten.

Lao view fruit juice and the increasingly popular energy drinks drunk today as healthy prescriptions. These commercially produced “energy” drinks list sugar as the main ingredient on their labels.

### **Avoiding Chemicals**

Lao are concerned about the increasing use of chemicals used in agriculture.

Jomchann wants to eat vegetables grown in a garden because they are

better than buying in the market because of chemicals. If we eat vegetables grown with chemicals, we have many diseases, e.g., liver cancer, diabetes, hypertension. In the countryside, a person can find fish in the rivers and eat vegetables from their garden. They do not use MSG on their food and it is delicious. But here in Vientiane, have to use MSG or the food does not taste good because of chemicals that are used to grow the food.

Farmers do this because they want to make vegetables grow fast. If a farmer grows fruit “by nature, he has to wait for it to grow.” Jomchan’s neighbor sprayed his garden with chemicals and the residue drifted over to another neighbor’s garden, resulting in his death of liver cancer.

Thai television educates people of how chemicals are detrimental to health. People buy the small oranges with spots on the skin in the local markets. They are cheaper, sweeter, and spots indicate the oranges have not been sprayed with

chemicals. The spots are fungi only on the skin but there is no contamination of the meat of the fruit. “Beautiful” looking oranges are sprayed to make them grow faster and are primarily for export to Thai markets that demand a flawless appearance.

### **Living with Nature**

Many Lao associate keeping healthy with *mii sii vit u thammawat* (living with nature). The idea of *thammawat* incorporates kinds of food eaten, the concept of routine, and balance of activity and connotations of “being Lao”. Khampaa is a 44-year old man who does finishing work on silk shawls and scarves at Phaeng Mai. He does not get ill because he “live[s] with nature ... live Lao style.” Nung Noye, a 57-year old weaver, elaborates that

Thammawat means live like nature. Like Lao style every day eat vegetables, meat, fish. Not eat sweet and sour after dinner. Boil fish, cook well. Eat eggs also. To make you strong and weave a lot. You want to change and make different kinds of food. If you make the same kinds, it is boring and not healthy. Food is important if make delicious. People will be strong, make health.

Urban Lao enjoy outings to the countryside with family and friends for a day of picnicking at farms where rice has just been harvested. Men net-fish in man-made ponds, and sometimes everyone (children and adults) joins in, catching fish and frogs in ponds as a pump pulls all the water out of it. To Lao, this is “enjoying thammawat.”

Lao associate weather with lack of health because it is “Cold weather [that causes sickness]. When weather changes, it makes people sick. Today, there is too much sun and tomorrow it is raining. Their sukopop (health) changes quickly.” There is “too much sun in the rice field and then it is raining”. Sickness “depends on

the weather. It is hard to answer. Hot weather makes me tired. I can't eat a lot of food or drink lots of water."

Yet *thammasat* is not only about kinds or sources of food and avoiding chemicals. It is also about routine. It is important to "eat at regular times and not to skip breakfast or lunch." Routine includes practices of getting to bed early. Regular activity is part of living naturally but 53-year old Bouavanh does not "work too much every day." She has a set pattern everyday to stay healthy that includes resting and walking to the market. The concept of routine is extended to not watching bad television which is "not healthful," especially Thai soap operas depicting physical and verbal violent relationships. Khampaa's words of "living routine like nature" liken healthy human living to the rhythms of the natural world where plants, animals, and their environs exist in a balanced state.

### **Practicing Balance**

Balance is a prominent idea when Lao explain what they think keeps someone healthy. A person should "exercise, then nap a little, then go to work." Husband and wife Kamla and Kenthong augment each other's words that "[you] have to organize food and time to relax. After 1:00 PM, nap for 30 to 60 minutes. In the morning, have to drink hot chocolate or coffee. Have to not work if tired. Stop and relax, then work again." Sengchan, a 26-year old weaver must exercise, bathe, and have dinner to keep healthy because "it is up to me now if my health is bad."

Balance includes the mental and emotional aspects of a person. Jouam emphasizes that to stay healthy, it is important to "think about good things, not think



about body.” Her husband has a girlfriend. She tries hard “not too think too much, worry, or be sad” because this will cause illness. This woman also reveals that she has chronic vaginal drainage and pelvic pain. Keene, a 26-year old, weaving in her sister’s home in Ban Nongtha Neua, shares she gets a “headache when thinking a lot. I think about my family [she means her parents who live in Sam Neua in the north of Laos]. I miss them. I also think about my health, where I live, and how to make my life better.” To 26-year old weaver Nan Jann, if a person “thinks a lot, sometimes it makes it easy to get angry and then get a headache. If it gets more serious, then a person is sick.”

A 56-year old male who makes weaving shuttles knows health “depends on people, on how we learn to be healthy. If we live normally, we have no love, no hate. We must not love anyone because we will have sadness from love and hate.” Philosophical renderings that are recognizably Buddhist thought surface during interviews. In this case, the man is referencing the middle path in Buddhist teachings which promotes avoidance of extremes.

In Buddhist practice, acknowledgement that life is suffering is the first step in alleviating its discomfort. The Fourth Noble Truth, or what is also known as the Middle Way, is an eightfold path that leads to the elimination of suffering. The factors of this path are delineated as “right” ways: right view or understanding, right resolve, right speech, right action, right livelihood, right effort, right mindfulness and right concentration (Harvey 2000:30-37).

Achan Man Phurithat, the Lao forest monk of considerable influence, advocated the use of *thamma osot* (spiritual medicine) if traditional herbal and local preventive and healing practices failed. Spiritual medicine is the practice of meditation and virtue. Achan Man told his disciples to go to the root of the distress and observe the pain or suffering without reacting to it. Through sufficient mindfulness, the mind withdraws from the body and suffering ceases (Tiyavanich 1997:110-112).

Yet, there are other traditions than Buddhism that influence the Lao concept of balance and living with nature. Lao conventional conceptualizations of health incorporate principles derived from the Ayurvedic medical tradition. In this system, there are five basic elements in the universe—fire, wind, earth, water, and ether (Obeyesekere 1992:175-176). Lao conceive four of these elements (excluding ether) associated with humors in the body identified as phlegm, bile, breath, and blood. Health results from these humors in homeostasis. Whittaker (2000:50, 71) and Claire Faveau (1992:8-9) document an emphasis by Lao-speaking people on wind in the body. Lao people conceive of the body as a cavity, framed by bones, and covered by skin that has blood vessels, tendons, nerves, and muscles. These anatomical features are channels for the blood to circulate, several kinds of water including wastewater to move through, and winds to push and pull the humors through the body. Winds or the fire element may disrupt the natural balance of the body. An excess causes fever; a deficiency causes weakness. A disturbance of a humour and an element causes ill health.

One retired weaver provides the analogy of “our body is like a house. There is bone, blood, and skin to cover it.” *Mei Kawl* Kam Chit continues instruction of four things in the body--sand, water, wind, and fire. These elements “work together. If they do not work then you are sick. If work together, then you are healthy.” She adds that weather is also responsible for health by its ability to affect the *tat* (openings). Air goes out through small holes in the skin, allowing the *vinaan* (essence) to leave. This weaver is now a nun who lives at Wat Sok Paleuang yet she is the only person who initiates this topic unless prompted to do so.

The director of the Traditional Research Medical Center in Laos, Dr. Bounhoong Southavong, educated and trained at the doctoral level in botany and pharmacology in a Western country, incorporates Ayurvedic theory when explaining Lao medical culture. Referring to traditional Lao palm-leafed and other handmade paper books written in ancient Tamm or Balee Sanscrit characters, he notes the philosophy behind Lao traditional medicine is that most illnesses are caused by the disorder of the *tartsee* (four elements). He correlates symptoms of less-than-adequate health with an abnormal state of one of the elements. An example is losing hair, toothache, and thirst associated with an intensive or disabled earth element (Southavong 1999:3-6).

In the Lao concept, a person is a porous form where passages exist between the inner world and the external world. Elemental humors, spirits, and souls pass through these openings, responsible for equanimity or imbalance in the body (Halpern 1961:20, 36; Whittaker 2000:50). Harmony and balance depend as well on

environmental and climatic conditions. People protect their health by their response to these external conditions.

The Lao consider excessive gambling, card playing, tobacco smoking, alcohol or coffee drinking, and opium smoking as behaviors that disrupt natural balance. Lao correlate these vices to chest pain, lung disease, or throat trouble (Westermeyer 1988:770).

People also determine their health by their response to internal conditions. As part of maintaining equilibrium in the body and in the universe, Lao place a negative valuation on excess. This includes internal conditions like thinking or worrying too much. Lao who set impossible goals, desire unobtainable things, or study too much invite a disruption and are vulnerable to a disruption in the natural harmony of life (Westermeyer 1988:770). Lao like to teach foreigners that *boup pen young* (it does not matter) or *bo mii ben haa* (no problem) is the approach to take in life-matters. The visual results of this philosophy cause non-Lao to label Lao as lazy and lacking ambition.

Lao speaking people use a term *chit jai* to portray how physical disorders are connected to emotional and social worlds. Chit jai delineates the mental-emotional heart from the physical organ (*hua jai*) yet locates the physical body as the site of mental emotions, transcending Cartesian mind/body dualism. Imbalances in the humoral sense, as well as social, spiritual, and astrological environment, affect stability of chit jai. *Tok jai ngai* (heart falls easily) describes a person who is easily startled and whose *khuan* flees easily from the body (Whittaker 2000:51-52, 57). The

word *jai*, incorporating the mental-emotional heart, is used in several expressions such as *dii jai* (good heart) to express emotional happiness or a good quality in a person. A person with *jai noi* (small heart, irritable) or *khao jai* (to understand, to enter the heart) refers to states of mind. Some people are described as *jai ron* (hot-hearted) if they are quick to show their emotions, especially anger. Persons who are *jai yen* (cool-hearted) are those who display culturally appropriate and desirable qualities.

### **Light Body, Healthy Body and the Use of Saunas**

A sign in both Lao and English on the main road I traveled daily read *hom yaa* (steam medicine). The owner built the sauna in 2003. His father, a *mau yaa* (traditional medicine doctor), has a sauna in Xayaboury Province. His father learned about sauna healing from a monk because “this type of thing was only in the temples.” Niyom wants to be sure that I know, however, that his father’s herbal knowledge was something he “learned on his [the father] own.”

A plastic sack the size of a large gunny sack, is filled with wood chips, bark, and roots that Niyom’s father gathers from the forest. One kilo sells for one dollar and eighty cents. This medicine is also sold in cellophane bags for twenty cents each. One cup of dried material will make one liter of tea. Khamla calls it *haak yaa*. A more common term used in Vientiane is *yaa puan muang*.

A bureau with a glass top and sides is in the patio area. It holds, not only these prepackaged bags of medicine for sale, but commercial products from China, Thailand, and Japan. One product contains ginger claimed to be good for the face.

Another package is labeled a milk product that women use to wash each other's hair when they come to the sauna.

There are separate sauna rooms for men and for women. Each room can hold eight people. The men's room opens out to a public patio area. The women's room opens to a separate partitioned area. There are teak wood reclining benches outside the sauna rooms as well as cement or wood tables and benches. There are bathrooms and shower areas in each area. People stay in the steam room from five to fifteen minutes, come outside, drink some medicinal water, shower, and then go inside for another session. Some people go home without a shower because they want the smell of the herbal steam on their skin. It is mostly Lao people that use this sauna but foreigners from Japan, China, and Australia also come. The sauna costs fifty cents for an adult and twenty cents for a child.

There are three reasons people use the sauna: (1) young people, especially girls, use the sauna to make their skin fair, (2) adults come everyday to be healthy, and (3) sick people say the sauna will cure their backaches, headaches, and shoulder aches. Niiyom tells me of the sixteen people that might come from 2:00 PM to 9:00 PM, three will have a health problem.

The sauna helps a person because "it makes the body sweat" and with the person's diet and sleep, he or she have *bao ton bao toh, sou ka pop kheng haeng dii* (light body, healthy body). A person does not have a light body when he or she is unhappy or look sad, tired, or sick but the phrase is particularly used after a person uses a sauna or massage because "she really can feel like that". The sauna is likened,

by Niiyom, to exercise. If one does not sweat, one cannot get rid of the toxins in the body. He has rarely been sick. Before he built this sauna, he used a rice steamer with just water in it. A neighbor of Khamla's created her own steam treatment.

Bouathong, with three of the smaller neighborhood children, gathered leaves and twigs from five different plants in the vicinity of her house. She boiled the plant materials. She then placed the pot on the floor and covered herself and the pot with a heavy blanket. When she reappeared after about four minutes, sweat ran down her face and her hair was wet. Bouathong did this several more times, explaining she had a headache and pain beneath and around her eyes.

Other industrious Lao people, often with the assistance of long-time foreigner residents, have started saunas and spas, designed to be marketed to the tourist trade. The facilities look like elegant spas one would find in any Western country. The charges for use are twenty times more than the sauna located in Ban Dongdeng.

### **A Baby is Born to Khamla's Neighbor**

Although life events are not medical in the sense of illness or injury, they do concern transitions in identity and status within society, and at times, risk of an alteration to health. Practices associated with life events fall within the realm of health (Janzen 2002:vi, 116). Relating lifecourse markers to health acknowledges their importance in the larger scheme of things, of which the social reproduction of health concerns itself. The practice of *yu kam* or *yu fai* is a prime example in Lao society.

Khamla's neighbor is going to have a baby soon. Nii is thirty-four years old and already has two children under the ages of five years. A month after I come to live at Khamla's house, I notice Nii has "dropped", which means her round protruding abdomen is now lower in her pelvis, a sign of impending labor known by biomedical terms as lightening or engagement. Nii shifts from buttock to buttock as she sits outside our house. It turns out the next day that Nii's stomach ache is labor pains. Nii gave birth during the night to a baby girl! Nii did not have time to go to the hospital. Another neighbor woman helped with the birthing.

Nii lies on a twin size traditional wood-slatted bed in one room of the house as neighbors visit. A blanket covers plant leaves scattered over the thin kapok-filled mattress. Underneath the bed is corrugated roofing metal the same length as the bed. Hot charcoal briquettes burn on this metal. This is known as *yu fai* or *yu kam*. Post-partum warming is common in many SEA cultures (see Laderman 1983). The word *yu* simply is the verb to be. The word *fai* means fire. The practice of *yu fai* involves the woman lying close to a fire for a period of five to eleven days. The longer the woman stays by the fire the more efficacious it is for her strength. The warmth of the fire and the drinking of tonics is understood to cleanse the womb, straighten the uterus, heal perineal tears, and produce an ample supply of breast milk as the practice makes the body *suk* (ripe, cooked, mature) (Keyes 1995:158).

The term *kam* has many translations and meanings in Lao context, ranging from trouble to that of observing restrictions. The phrase *yu kam* also equates to living with karma, which symbolically identifies this time as a marking of full



maturation for women (Keyes 1995:158). Maturation for the female does not occur just from birthing but from the transformation that occurs during *yu fai* (Whittaker 2000:139-142).

The room is full of neighborhood women while their husbands are out in the living room. People sit on the floor, admiring the baby that lies on bedding under a large net on the floor. One of the women adds more charcoal under Nii's bed and pours her more *yaa* (medicine) from the teapot on the ceramic briquette stove. Nii drinks the medicine to make her milk flow better. Wrapped around Nii's abdomen is a cotton cloth that binds her stomach. She wears this for several more weeks to flatten her stomach. Lao believe lying over coals helps to tighten the insides of Nii and stop the bleeding.

Following these techniques prevents Nii from becoming ill and assures the newborn thrives. People's appraisal, instrumental, and emotional support contribute to Nii and her family's well-being.

### **Self-ratings of Health**

Out of 40 weavers, 29 individuals feel they are healthy, whereas 11 state they are not. Some people hedge their response by saying "so-so" but further elicitation places them in one or the other category. Fifty-six-year-old Nang is healthy because she "is never sick but my leg is uneven and it turns in so it is not so well." Lam Nye does not have pain or sickness very often so she is healthy but she thinks this is because she "never gave birth." She has heard that women who never are pregnant are healthier. Mai, a 26-year old weaver is "usually healthy but I am not healthy like

normal. Sometimes I am tired.” Other weavers answer yes but acknowledge that there are days when they are very tired or sick.

Weavers who think they are not healthy have specific examples of why they are not. Jouam has “smelly, white discharge, especially after my husband has sex with me because he has been with other women. I use guava leaves to douche and that helps with the smell.” Another weaver sometimes has “pain in my back, stomach, and muscles. I take medicine but I still have shoulder and back aches.” She identifies weaving as the cause for these problems because she has to reach so far with her arms and sit for a long time.

A common way individuals are sick includes colds with specific symptoms such as sore throats, runny noses, fevers, and conjunctivitis. One person names the flu and another tells of her “body hurt [ing].” Others have headaches. A few are never sick. People list conditions that include hepatitis, kidney infections, arthritis, high blood pressure, stomach aches, pain in general, and pain in specific locations such as the shoulder. Some people anticipate cancers they will get because of the chemicals they are sure are in food they eat. One person is often sick with malaria.

### **Lao Cosmology**

Theories of causation, whether belief in spirits, the importance of a vital essence, the influence of the stars, the whims or wisdom of deities, or western beliefs in germ theory help us understand why people pursue various preventive and restorative measures. Cosmology interweaves with health and illness within the epistemology of any people because suffering or the lack thereof is not just the

subjective experience belonging to the individual or group (sickness). Suffering is also the perception of the event in culturally embedded terms of intuit, cognition, and understanding of illness (Janzen 2002:291, 294).

### **Theravada Buddhism**

Theravada Buddhist beliefs comprise a great deal of Lao worldview. There are innumerable world galaxies within Buddhist cosmology, with their own sun and moon and planets, including the world galaxy that has 31 planes of existence divided into three major divisions (Tambiah 1970:36). The plane relevant to humans is that of *kama loka*, which is one of form and sensual feelings (pleasure and pain). It is further divided into six heavens inhabited by gods and five worlds, four of them inhabited by human beings, animals, ghosts, and demons. The fifth world consists of various hells.

Buddhist cosmology emphasizes that natural laws rule the world although gods<sup>10</sup> are capable of beneficial acts toward humans. Each plane has its own natural laws. For example, those beings that live in the heavens do not have to produce food for themselves, whereas human beings do. Humans, to be successful in their production and reproduction, must comply with natural laws that regulate rains, determine how to plant rice, and help rice plants to ripen. Lao once conceived of these conditions in terms of spirits, i.e., spirit essence of rice (Keyes 1995:114). Contemporary villagers explain, for the most part, the rice cycle in terms of chemical inputs, water management, and other modern agricultural technology, rather than fate and gods. Despite the influence of modernity, another Buddhist natural law, *kamma*

(skt: *karma*)<sup>11</sup>, remains the reason for changes Lao people make as they adapt to the natural, psychological, and social environment within which they live (Keyes 1995:125). It is inherent in the nature of things, like a law of physics. Good and bad rebirth results are not rewards or punishments but simply the natural outcome of deeds and actions.

### **Karma**

Karma results from a person's actions in a previous rebirth. Actions determine the fortune or misfortune of this life and in the future. Good actions have *puñña* (merit) which purifies the mind and leads to further positive outcomes. The original directives the Buddha gave for influencing one's karma are to participate in *dāna* (giving), *sīla* (moral virtue), and meditation (Harvey 2000:18-20). In Buddhist thought, actions must also be intentional if they are to generate karmic results (Harvey 2000:18-20).

In Southeast Asia, the doctrine of karma explains suffering by placing the burden of alleviating suffering on the individual. Karma determines which plane of existence an individual occupies, the suffering she is to endure, the benefits she will enjoy, and ultimately the transformation she can achieve. The concept of rebirth is primary in Buddhism. Forms of existence are of temporary duration. All beings may at one time or another pass through these different orders. For example, the god may be reborn as a demon, the animal as a human being (Tambiah 1970:40, 42-52; Harvey 1990:32, 36). A human rebirth is relatively rare but one that is sought. As a sentient human being, there is opportunity for betterment of one's karma and even final

liberation from it. It is in the human realm that there is enough suffering to motivate the human to transcend elements of suffering. The ultimate goal is to transcend all existence in any worlds. Otherworldliness is *nirvana*, the escape from rebirth, but most importantly, sentient existence and its suffering (Tambiah 1970:40-41; Harvey 1990:38). For ordinary men and women, the concept of nirvana is irrelevant. They focus on their lot in present life and their hope for a better position in the next life to be (Yukio 2003:14).

Karma, however, is collective despite its individual focus. Lao people make merit through particular practices deeply embedded in their psyche and sociality. Actions are done to and received from others, motivated out of kindness, hate, or indifference. The offering of an orange or financing a building to be built generates karma for the giver if done so out of concern for the receiver but there has to be a person or people by which the benefit is manifested. The concept of karma underlies the social reproduction of health in Lao society by providing an ideology that generates practices that contribute to well-being, and condones those that distract or cause harm.

### **Fate**

Westerners use the terms fate and karma interchangeably but they are quite different concepts. Anthropologist Charles Keyes (1995:116) clarifies this distinction when he explains fate as “those fixed cosmic elements—notably the heavenly bodies, the directions, the topography of the land, the elements of the body, the oscillation of day and night, and so on—whose juxtaposition can influence the course of events”.

Fate relates to the vicissitudes of living. These natural changes in the world have no relation to people's moral actions. They occur regardless of the human actions that comprise karma (Keyes 1995:116-117).

### **Natural Laws, Karma, and Mr. Tutaa**

Mr. Tutaa is the 65-year old man with a deformed leg and foot that fixes shoes across the street from the bus station in downtown Vientiane, who thinks that “everybody’s life is important”. The good thing is he “can earn money. I can fix shoes to save for my future life.” He explains that a person does not know if he will have an injury in the future. Mr. Tutaa does not know what will happen to him because he is “not able to save very much.” He is not sure if he can live longer but “It is no matter. Do not worry if you do not see me the next time. Maybe I die already. People die anytime. In the morning, I think I have a bad karma because I am still alive. I am suffering with my karma. Karma is the reason I am disabled. If I were not disabled I would do work like anyone else.” Mr. Tutaa does not believe he will take karma with him when he dies. He will take other things and have a new karma. Helping himself in this life as he does will give him new karma.

Rituals and laws assure relationships between gods, village and ancestral spirits, and living and deceased relatives. They assure health and well-being. They ensure fertility and reinforce Buddhist values (Whittaker 2000: 56). The Buddhist layperson cultivates virtue by following five basic precepts—abstentions from killing or harming living things, stealing or in a more nuanced rendering, taking what is not given, sexual misconduct or sense-pleasures, lying or false speech, and substance

abuse. Right livelihood is closely related to keeping these precepts. This is making one's living in a way that allows one to keep the precepts. One lives without habitually bringing harm to others as well as by aiding others while at the same time, cultivating one's own abilities and faculties. This path avoids extremes. It follows the "Middle Way" (Harvey 1990:199-200).

## **Spirits**

The term *phii* can mean guardian spirit, nature deity, or soul of the dead (Condominas 1975:254). Phii are animals, humans, or those of place such as villages, houses, rice paddies, mountains, forests, large trees, graveyards, the sky, larger rivers, and lakes. The main animal phii are elephants, tigers, and the water dragon called Naga. There are also phii described as formerly human. Deceased relatives are believed to be phii who can have significant influence on those still living. These type of phii cared for each living person before birth to the actual biological parents (Halpern 1961:12-13; Operation Brotherhood International 1966:1; Westermeyer 1988:770; Keyes 1995:128). Enduring belief in spirits is evident in rural villages and urban areas by obvious spiritual objects nestled in the confines of a tree, along a path or beside bodies of water.

There are good spirits and bad spirits. Some can cause illness. Some can assure health and prosperity. Good phii are benevolent as long as they receive respect and are not offended, slighted, or frightened. Making offerings, intoning prayers, asking for their protection or their favor, and behaving in accordance with traditional ways shows respect. Good phii are happy when people keep their houses clean, are

quiet at night, do not build in the middle of paths or roads animal phii use, welcome visitors, and keep family relationships in harmony. One Lao person told Westermeyer (1988:770) that respect for the phii “keeps people living together in good order...like the law.” If phii are not appeased, illness and possibly death can occur. Animal sacrifices or ceremonies assuage these good phii when they are angered or offended (Halpern 1961:12-13; Operation Brotherhood International 1966:1; Westermeyer 1988:770).

Khamla has a *Mo Nang Thiem* come to her house for the installation in the yard of the *Huen Haa* (house of the *haa*). *Haa* are the owners of the land. They are the beings that were there before any people lived on the land. Lao distinguish them from phii. They are asked for their forgiveness for building the human house. They are asked permission to continue living on the land. They must be honored with their own house. Khamla’s home-made huen haa is a small three-sided metal structure on a flat wood board with a slanted roof. It sits on a four-by-four wood post that is four feet high. Some Lao buy fancy huen haa made of cement painted with gold, red, green, orange, and blue colors. There are even smaller and simpler huen haa than the one Khamla installs.

The day the *Mo Nung Thiem* comes to the house, Khamla’s son stays home from work and Khamla’s sister-in-law and children come over as well. A *Mo Nang Thiem* is usually an older woman and can predict the future and tell fortunes (Fauveau 1992:5). The woman that comes to our house is 47 years old and is dressed in white, her long hair swept back into a ponytail pinned up on the back of her head.



The Mo Nang Thiem kneels at the entrance from the dirt alley to the yard, pushing into the ground and then lighting short thin ritual candles. She pours water from a small glass bottle onto the ground. She then prepares, inside our house, a bamboo tray with flowers, candles, a dish of cooked rice, and shot glasses of water, and then carries it outside. Mai and Khamla sew white thin cloth into drapes that are threaded onto a wire and stuffed another piece of fabric to make a miniature mattress and pillow. Jhoy digs a hole per the Nang Thiem's instructions and secures the huen haa stand in the posthole. A small wood ladder rests against it so the huen can climb to the house. Thereafter, the goats use it regularly to reach the cooked rice that is daily set inside the house. Bright gold foil cutouts in the shape of two people are draped across the front of the house. Cooked rice and water are set inside.

The Nang Thiem drapes white cotton string around the group sitting around the tray and begins to call the haa. She lights thin two-foot long yellow candles and lets the wax drip into a bowl of water with flower petals floating in it. Later, she examines the congealed wax to discern messages. Eating together completes the ritual. Each succeeding morning, Khamla puts freshly cooked rice in the bowl inside the huen haa and changes the water.

### **The Protection of Tattoos and Amulets**

An older monk with a distinctive tattoo design on the top of his bald head blesses a young couple who kneel in front of him within the prestigious temple grounds during the annual That Luang festival. A young man's back is covered with an intricate tattoo rendering of the mythical Naga snake. A shoulder tattoo that

extends down another man's arm protects him by its *khatha* which means magic formula or sacred words (Yukio 2003:219). Being tattooed was once believed to give the wearer immunity against certain diseases as well as protection against knife wounds, bullets, and snake bites. Old people in the late 1950s said tattoos were also done purely for esthetic reasons (Kaufman 1964:38-39). Lao still believe in the protection tattoos provide. They also use amulets for protection.

Buddha amulets are sold in the markets in Vientiane and seen on gold chains around both male and female necks. They are reminders to the person of the Buddha teachings. Part of the power inherent in the amulet for the wearer is that he does not talk about it or wear it so it can be seen. Some people say the power in the amulet protects the wearer directly; others say the wearer keeps out of harm's way by reminding him of the part of the Buddha's teaching that counseled constant alertness (Tambiah 1984:204).

The Buddha originally condoned the use of *cetiya* as reminders of his victories over desire and ignorance to inspire like pursuits by others. Particular attention is devoted to a large assortment of votives, amulets, and figurines with images of venerated monks, the Buddha, and the king of Thailand on them. These objects over the years have come to be more than just reminders however, in that they now render protection and prosperity to their owners (see Tambiah 1984). Exemplary monks bless the objects, transferring their goodness to the amulet and making them "repositories of power" (Tambiah 1984:203). Not all objects require a saintly monk to render them sacred. There are also miscellaneous fetishes that lay specialists

sprinkle with holy water and chant special words over them (Tambiah 1984:223, Yukio 2003:219-243).

### **Conclusion**

Lao view health as a state of wholeness which includes physical, emotional, and mental aspects of the person. Lao distinguish health based solely on biology (sukopop) and that which is concerned with the whole of a person's everyday life (sabaai). Health involves not just the physical body. It encompasses relationships with others as well as those other individuals' well-being. Health is conceived as a strong state, recognized as a situation in which an individual needs to be resistant to inevitable assaults on not just the physical body but one's whole existence. Khuan need to be in place and spirits appeased. That state is one of balance, of not thinking too much, of being happy, acting kind, and of being able to do what one needs to do. It also means being free of disease. Health happens because of cleanliness, exercise, having enough money, the support of family, eating correctly, especially consuming rice, living with nature by avoiding chemicals and acting moderately, and seeking "light bodies" through saunas and medicinal portions. Life events such as childbirth have preventive practices to facilitate this life transition.

The Lao approach to health is influenced by a worldview strongly influenced by Buddhist cosmology but also by Ayurvedic theory and indigenous beliefs in spirits. Yet, Lao incorporate biological understandings in their conceptualizations of health and illness. The power of the modern market society, with products advertised on television and billboards, is starting as well to persuade Lao individuals on what

constitutes health. This chapter focused on Lao conceptualizations of well-being and the practices by which they stay healthy. Yet, illness and injury are part of living. People must regain health when it is compromised. The next chapter addresses what Lao do when they are ill.

## **Chapter 5**

### **Lao Medical Culture (II): Medical Knowledge and Healing Practices**

#### **Introduction**

This chapter describes what Lao identify as common illnesses, what interventions Lao people use when they are sick or injured, and what determines those choices. The chapter's focus on healing practices further illustrates the pluralism and syncretism of Lao medical culture.

No contemporary ethnography focuses on the pluralistic medical culture of Laos.<sup>12</sup> Standard demographic and health indicators are compiled and reported by government departments, development organizations, and private consulting firms. The Lao government appears to define, explain, and act upon health in response to these figures, primarily following a biomedical model of health care with minimal incorporation of health descriptors of Lao origin. The Lao in charge of policy, planning, and intervention acknowledge medical pluralism in their society. The Lao Ministry of Health has incorporated some traditional healing practices in the bureaucratic healthcare structure such as herbal knowledge that is legitimized in the Traditional Medicine Research Center. Yet biomedical hegemony is present in government-sponsored and-funded healthcare. Under-appreciation or exclusion of the pluralistic nature of Lao healthcare presents two problems: (1) current general development planning and the provision of healthcare do not incorporate the strengths of practices and concepts long associated with Lao culture; and (2) the western

template of healthcare cannot meet specific culturally based needs of the Lao people if those factors are not incorporated.

## **Healthcare in Laos**

### **Biomedicine in Laos**

Western medical care is not new to people living in Laos. Laos became a colony of French Indochina in 1893 (Stuart-Fox 2000: x). Public health was under an inspector of Indochina, headquartered in Saigon, Vietnam. Officials and health practitioners in Laos, under his jurisdiction, were Europeans with Lao as assistants. During this time, Mahosot hospital was built in the capital Vientiane. The French established several medical stations in the south, north, and center of the country. In 1898, they instituted a smallpox vaccination campaign which controlled the disease fairly well. Since Laos was not the focus of the colonists, as was Vietnam, not much more health infrastructure than this was put in place. Efforts to provide healthcare were minimal compared to the population's needs. Healthcare remained rudimentary after independence in 1946. The newly established Lao Ministry of Public Health relied heavily on French advisors, although all operations were in the hands of Lao personnel. Lao officials had a difficult time acquiring enough skilled practitioners to even meet what had been present during colonial rule.

France, the Philippines, Thailand, and the United States provided aid in the late 1950s and early 1960s (Halpern 1961:2, 20-29). Civil war then interrupted any further health development. After the change in 1975 to a socialist-communist government, multilateral aid organizations reentered the country. Russia and

Hungary provided funding, technical, and educational healthcare support. Several more hospitals were built, albeit most in the capital Vientiane. Japan is currently the primary consultant and financial contributor for healthcare. Direct hands-on involvement has also come from Luxembourg in recent years (Provincial Health Department, Vientiane Province, Lao PDR and Lux-Development S.A. Project Lao/005 2002). Despite outside assistance, healthcare provision is still woefully inadequate.

The Lao government conceptualizes healthcare in the country as formal and informal services. The government holds itself responsible for the formal sector which consists of the hospital system, public health care (PHC), and services provided by international donor aid organizations known as vertical programs (Boupha 2004:3-4, 2004).

Vertical programs are not fiscally or by management authority part of the Ministry of Health (MOH). Interventions are malaria control, tuberculosis control, HIV/AIDS management, birth control, water supply, and sanitation. International organizations provide these preventive health services because the Lao public health care system is still very weak. Once it is strengthened, dependency on vertical programs will decrease (MOH and JICA 2001:7.2, 7.5).

The Ministry of Health conceptualizes the hospital system at six levels—central, regional, provincial, subprovincial, interdistrict, and district hospitals. Eight central hospitals, intended to serve the entire geographical population of Laos, are all located in the capital Vientiane. There is an additional hospital classified as

provincial that is really a central facility because of its location in Vientiane and how it functions.<sup>13</sup> Other provincial, regional and district hospitals provide services in the rest of the country but their capacity is very limited (MOH and JICA 2001:11.1). The sophistication of the plan is impressive on paper. The reality of the system is sobering for westerners and Lao exposed to outside healthcare systems. The central hospital struggles to provide state of the art technology and skilled medical intervention. Many Lao people who can afford to do so go to Thailand for their medical care.<sup>14</sup>

The government started, in the 1990s, to allow individuals to operate private pharmacies and clinics. Private pharmacies flourish. Private clinics less so (MOH and JICA 2001:12.2). It is a simple matter of money. Most patients see doctors at the hospitals where they do not pay for the service.

Seventy-one percent of private clinics are in the capital Vientiane. Eighty-seven percent of the private clinics are run by Ministry of Health employees or other organizations' staff as second jobs. A significant number of private clinics operate without being registered. However, leniency is granted. The Ministry of Health acknowledges that retired or nonregistered physicians, nurses, and pharmacists play an important role in medical care for the population as a whole, particularly in rural areas. The Health Strategy 2020 emphasizes these types of nongovernmental services reduce government expenditure and improve living standards and health status of the population (MOH and JICA 2001:11.3-11.4). Yet there are physicians and nurses who do not work in any medical capacity, finding private or government



compensation too low. They can make more money in other occupations such as seamstresses, translators working at the numerous international aid organizations, or by operating bars or restaurants.

### **Expenditures on Health Care**

Financing any type of health care is a challenge in Laos. Health care financed by the government's treasury has varied. In the mid-1980s, the government spent 5 percent of the total government expenditure (TGE) on health. Following implementation of the New Economic Mechanism from 1989 to 1991, this dropped to only two percent of the TGE. Then it rose to 4 percent of TGE from 1992-1996, but dropped again with the Asian crisis to less than 2 percent of TGE (MOH and JICA 2001:11.4; Boupha 2004:4).

Prior to the 1990s, Laos depended on socialist countries for support. For example, all medicines were provided free from these countries and hence to the Lao people. Political and social changes that occurred in those socialist countries ended this support in 1989. In 1999, the Lao government instituted a revolving drug fund in which revenue generated by the sale of medicines to patients is then used to purchase new drugs. This fund also includes user fees at public facilities. This recovery cost system operates with questionable success. The poor, civil servants, monks, novices, and students receive exemption from charges. Exemptions are given to 58 percent of patients at national and provincial hospitals and 10 to 15 percent at district facilities. This is done by informal evaluation and case-by-case negotiation. This high

exemption percentage drastically affects the cost effectiveness of the system even as it protects the poor (MOH and JICA 2001:14.10).

Households bear the burden of health expenditure. Households paid for approximately 56 percent of health expenditure in the reported year 1999-2000. Sources that make up the balance include government and various donors and nongovernment organizations (NGOs). Household monetary expenditure on medical care was 3.7 percent of the household's total expenses in a month in 1997-1998. The majority (92 percent) of household expenditure on healthcare goes to the purchase of medicine, with 4.4 percent to service. User fees are mostly to traditional healers, although this is less so in urban Vientiane where people use physicians more than their rural counterparts. Urban households spend less of their budget (2.3 percent) than rural households with access to roads (4.1 percent) and 5.1 percent for rural households without access to roads (MOH and JICA 2001:12.3-12.4, 12.19).

Individual Lao prepay for goods and services. People handle the inevitability of health care expenditure several different ways even though there are established government recognized schemes.<sup>15</sup> They participate in informal insurance schemes like community-based mutual funds. A few buy formal health insurance. Most do nothing in advance and just deal with the situation when the need arises. They rely on loans from family members or friends. Some self-insure by saving money, mostly in their homes and sometimes in a bank account. An Asian Development Bank (ADB) study (2001) reports 54 percent of people spend out of pocket for health care, 25 percent borrow money, 10 percent sell assets, and only 2 percent are reimbursed

by an insurance scheme. Fifty-seven individuals interviewed for this research resulted in only a handful having healthcare insurance. It is hard to save money. There is little surplus once necessities for daily life are bought. The safety net is thin.

### **Khamla Seeks Help from a Medical Doctor**

Khamla went to the doctor<sup>16</sup> today. She has had a stomach ache as well as shoulder and back pain for the last four days. The paper written in English prescribes Flagyl, Valium, and Xanidine (Zantac),<sup>17</sup> which are medicines for gastritis. The medicine cost her forty-five cents. The doctor also told her to drink more water than she normally does. The medicine does not help much with the symptoms. She says she does not sleep well at night.

Khamla goes back to the doctor at Mitthaphab hospital in Ban Phonsavang the next day. Her son takes her on his motorbike. Khamla comes back to the house around 4:00 PM, having been to the hospital twice today. She went the second time to have blood drawn. The paper written in French this time indicates diabetes blood tests for glycemie and axotemie. Her results show normal glucose levels. The receipt shows Khamla paid forty cents for the blood tests. Khamla looks better during this next week and she says she feels better.

Khamla goes by tuk-tuk for her follow-up visit a week later. The trip costs about 80 cents. She goes in the hospital's main entrance. The Russians built Mitthaphab hospital. Corridor doors have painted Soviet letters that are faded underneath Lao words indicating the use of the room. Khamla walks up to a glassed-in office where she shows a pink card to a woman sitting there. There is a computer

inside the office that has colored screens showing forms but the woman does not check anything on it. The woman hands a yellow paper booklet to Khamla that is her medical record. It is about eight inches by six inches in size and resembles the ten-cent school notebooks children use. Each booklet costs a patient 25 cents. Some people have 10 or 15 of these booklets because they have so many medical problems and multiple visits.

Khamla walks up two flights of stairs to a corridor where there are chairs and benches lined-up on either side of the walls. Several other people are already waiting. There is a narrow table in the corridor with two chairs behind it. Ceiling fans whirl. Khamla places her booklet on top of two other ones. More people come after she arrives. A woman checks people in on a list. Some Lao say that this system can be very unfair because people who know the doctor get to go in ahead of others. By 8:30 in the morning, everyone starts to look at their watches and talk about the doctor being late.

At 8:40 AM, a nurse calls a person's name. The nurse weighs the person and takes the person's blood pressure. The nurse asks if the individual has a fever. If so, she takes a temperature. There is little confidentiality. People ask each other why they are seeing the doctor. The nurse calls Khamla's name after two other people have been called so I know she takes the patients in the order that they arrived. The nurse takes the booklets from the bottom of the pile. The doctor arrives at 8:45 AM and enters a room accompanied by several other people in white lab jackets with stethoscopes hanging around their necks. When Khamla has her blood pressure and

weight recorded, the nurse goes into the room and comes back with a paper, instructing Khamla to go downstairs to have a blood test.

Khamla pays the Lao money equivalent of one dollar for the lab work to be drawn. Today, the paper orders a glycemie/azotemie blood test again but also a SMAC 12 (a test that includes electrolytes, proteins, and kidney and liver function). Khamla un-wraps a cloth that has a glass vial with a screw-on lid that contains her urine which she has brought from home. She hands this to a young man. Another technician, using sterile technique, performs a veni-puncture for the blood sample. Khamla then go back upstairs.

Three people come in assisting a young woman who looks to be about twenty-two years old. She clutches her right lower quadrant of her abdomen (symptoms of a problem with her appendix or an ovary). She is in obvious distress, barely able to walk. These people go right up to the desk nurse and are sent straight into the room to the doctor. Within minutes, the woman and the people helping her come back out and go downstairs. When Khamla leaves the hospital after her visit to the doctor, they are sitting on benches in the ground floor area to the right of the entrance, in what must be the emergency area of the hospital.

Khamla finally goes in the room to see the doctor, who is a woman in her fifties. The room is twelve feet by twelve feet with two other patients and two other persons in white lab coats. Khamla's physician speaks to me in flawless English but only after she talks with Khamla. Khamla tells me later she really likes this physician. The woman is very kind and listens well. Khamla is not afraid to tell her

information. Sommay at NIOPH knows Dr. Manichang. She received her medical training in Bulgaria. This visit takes one and a half hours which is a short time because it usually takes three hours because of many people waiting. Khamla goes back to the hospital one more time that day for follow-up about the blood tests which turn out to be fine. She has no further problems with gastritis while I live with her. Going to the doctor becomes an all day affair.

Khamla's experience with gastritis illustrates the cost and experience of western medical care for an ordinary Lao person living in Vientiane. It shows parallels to what an American encounters in their own society. Although Khamla is in distress for four days before seeking medical care, she elects to go to the biomedical trained doctor rather than some other healer. The process is time consuming. Although the cost is inexpensive to an American, it is costly to Khamla relative to her income. The doctor uses the patient's symptoms and medical tests to diagnose her condition. Treatment resolves the issue. Although the medical facilities lack the luxurious façade found in America, the healthcare that Khamla receives is adequate for her need.

### **Observing Healthcare in Bolikamsay Province**

A three day trip with American anthropologist Dr. Mary Riley affords first-hand look at government-sponsored health care outside the capital Vientiane. I also observe ways the Traditional Medicine Research Center, organized under the Ministry of Health, protect and promote the use of herbal medicines in the country. Laos has a traditional medicine hospital in Vientiane as well as traditional medicine

clinics attached to many hospitals. There is also a Traditional Medicine Research Center (TMRC) located in Vientiane with subcenters in the north and south of the country. The Ministry of Health commits itself to the integration of traditional and western medicine, reflected in declared policies of “developing and promoting traditional medicines for disease prevention and health care” (MOH and JICA 2001:14.14) and the establishment of the TMRC in 1976. I am fortunate to get to know Dr. Bounhoong Southavong, the director of the TRMC, and use his expertise to identify some plants Khamla uses for healing (See Chapter six).

Bolikamsay is a three hour car trip from Vientiane. The provincial health deputy director tours the provincial hospital with us in Paksan, a city of about 25,000 people. The main reason for outpatient visits at this hospital is injury from vehicular accident. The primary reason for care was once malaria but during the past two years, through extensive public education, malaria dropped to tenth place for causes of which people seek medical care. Dr. Bounchang Keomanivong, the chief surgeon and deputy of the hospital, had operated twice this morning—one surgery was for a child with an abdominal abscess and the other for an appendectomy for another individual. Now in the late morning, both patients still have intravenous lines, hanging on rickety, old but functional IV poles, and the solutions contain antibiotics. There are no sheets on the plastic covered mattress on the mechanical-crank hospital beds. Patients are covered with their own blankets. The bare cement floors appear clean even though surfaces do not shine. Families provide care, feeding, and bathing of patients. The hospital provides one meal a day; the family brings the rest of the

food. This is true in hospitals in Vientiane as well. One needs family when one is sick.

The pharmacy holds modern medicines. Most pills are in plastic bottles and some pills are packaged in single dose units. Small vials of multi-dose liquid medications which would be administered by syringe are on shelves. Dr. Bounchang also displays cellophane bags, full of what appear to be wood bark. With a big smile, he informs us that this “*yaa phuan*” (traditional medicine) is Lao Viagra! A building, obviously built in the French colonial days by its architectural design, is towards the back of the hospital grounds. This is the traditional medicine treatment center where many plants are growing in the ground and in ceramic or clay pots. Plants are used by pulverizing them before putting them into gelatin capsules while other plants are brewed as tea. There is a sauna also. The area has the look of not being used, yet the director insists that they use the sauna for patients.

The next morning we leave Paksan to go to a district health clinic. Like most areas in Laos, the roads are dirt. It is hard to believe this is the district center, yet there are villages that are more remote. Inside the two-room building are two cabinets with a few medicine bottles in them, medically related patient-education charts on the walls and a blood examining machine that the staff point to with pride. The man in charge admits that he barely qualifies as a medical assistant. The main problems in delivering health care are that of qualifications of staff and transportation. It is hard for people to get to the clinic or staff to get to villages which



are 10 to 60 miles away, especially in rainy weather. Roads become impassable and vehicles are unreliable. A third problem is lack of medicines.

Officials in Bolikhamsay province have a real interest in developing the use of traditional medicine as an equivalent to pharmaceuticals for certain sicknesses. The traditional medicine is much cheaper, available, and familiar to people. The man at the clinic tells us almost every village has a *mau yaa* (traditional medicine doctor), who can be either male or female. The youngest *mau yaa* in this province is about 30 years old. Dr. Bounhoong tells me the TMRC and the provincial health system strives to develop good working relationships with the traditional medicine doctors in the villages.

An hour drive down more dirt roads is an area established as a conservation plantation. It is 26 hectares of second growth forest with medicinal plants in situ with plans to introduce other plants. The area will be used for research and training although local people can still access the area because “it belongs to the people”. Walking for almost an hour down paths in this forest jungle, the men on the team pull up plants, break roots open, smell them, photograph them, and identify them by their Latin genus names. Five acres have been taken over by a family who planted dry rice after clearing forest foliage. There are plans to erect a fence to stop this encroachment. On the way back to Paksan, we travel dirt roads, passing village after village which each have traditional medical doctors known well by members of the provincial health team.

Health providers working in urban Vientiane have few resources and the conditions under which they work are less than optimal. Most trained in developed countries but now lack even basic medical supplies at times and work with far less technology. They know what is possible and needed but they know also that it will be years before those means will be at their disposal. People in the provinces and districts work with even fewer resources compared to physicians in Vientiane, making health care in Vientiane opulent in comparison.

### **What the Lao Ministry of Health Designates as Informal Health Services**

The Lao MOH clearly acknowledges that the formal health provider sector, either public or private, cannot provide adequate healthcare for the whole population in Laos for at least 20 more years. The ministry approves of what it calls informal service providers, although it seeks to regulate and train these persons so “they can provide proper services to the public” (MOH and JICA 2002:7.5). The ministry identifies informal health services as those in which traditional healers, traditional herbalists, traditional birth attendants, registered pharmacists including informal advisers, drug sellers, village health providers (including trained military doctors and nurses), and village health volunteers (VHV), provide health related intervention (MOH and JICA 2002:7.5). The traditional birth attendant program initiated in the early 1980s fell by the wayside when the Lao government decentralized health services in 1987. Recentralization of health services in 1991 did not reorganize this women’s reproductive health service (MOH and JICA 2001:11.5; Whittaker 2000:60-66).

The Lao MOH acknowledges people's self-reliant activities as the "use of drugs and herbs, self-care and home care of the sick, practices for preventing ill health and promoting health, and traditional public health activities" (MOH and JICA 2002:7.6).

### **Common Illnesses of Lao People**

Discussions about sickness with the weavers reveal that many know about biological causes. Sixty-five year old Nung Thaio gets eye infections which she says she knows pass from one person to another when they touch each other. The young male weaver Yot is aware that sharing towels in his household when one person had conjunctivitis is how infection is passed to others in the family. Several other weavers associate sickness with things such as "capillary circulation" and cancers. Nang is a 56-year old female who lives and weaves in Ban Theem Pia with her sister. She does not know why women get cancer of the uterus. She knows the cause for men who have liver cancer is because they drink too much alcohol.

People understand that mosquito bites are responsible for malaria and dengue illness. Stagnant water and how mosquitoes lay eggs in it are part of the problem. People cite malaria as a common way others are sick. Public health education for malaria is evident on posters in schools and yearly messages on television and radio. Khamla and her son keep the grass in our yard cut close even though they do so by hand, using large knives. This is how she attempts to prevent mosquitoes from breeding in the wet grass.

Weavers identify injuries from accidents as a cause of bad health. One weaver gives an example of burns that happen while dyeing silk. Their arms, backs, and legs hurt from the positions they have during their work. Of more concern, however, are injuries from vehicular accidents. Few Lao wear helmets and head injuries are common (Ministry of Health and National Statistical Center 2001: 30-31; Bertrand and Choulamany 2002: 39). Most of the weavers at Phaeng Mai see and hear the traffic on the road that runs by the compound. Any person living in Laos cannot help but see the daily near-misses as well as actual collisions of vehicles, particularly motorcycles. The problem is worsened by the less-than-optimal ability and capacity of the healthcare system to diagnose head injuries and treat someone if such an accident occurs.

Individuals interviewed experience these common illnesses:

Malaria or dengue fever	Sleepy or tired
Cold	Cold feeling
Stomach ache	Headache
Pain in back	Uterus cancer
Pain in legs	Hypertension
Sore throat	Diabetes
Cough, Diarrhea	Liver problems (includes cancer)

The same individuals identify the biggest health problems for Lao people as malaria, pain, cancers, and conditions such as diabetes, hypertension, and heart problems. Further probing uncovers vehicular accidents, particularly from motorcycles, and diseases resulting from unclean or inadequately cooked food. They feel that these illnesses happen because Lao do not exercise enough, that there is too much use of chemicals when growing food, and that people work too hard. Added to

these causes is husbands who have girlfriends. In this situation, not only is the risk of disease identified but negative emotional aspects for a wife as well as children and money spent outside the family.

### **Determining What to Do**

#### **Decision Making**

Determining the cause of an illness is a crucial step for correcting the situation. An injury is an obvious outcome from an accident or deliberate assault on the body. People know immediate treatment requires an individual who possesses the skill to deal with the specifics of the injury, be that a traditional bonesetter or the western-trained orthopedist. Yet, the ultimate cause of the injury is of concern as well.

Divination is one method to decide causality beyond physical assault (Halpern 1961:35, Souvannavong 1956 [1959], Westermeyer 1988:773). Elders still examine in Laos chicken bones, especially those pieces that Americans call a wish-bone. Divination often uses an egg, checking for foreign matter and appearance of the yolk. Impurities in the yolk indicate the patient is under a spell and requires the skill of a blowing doctor or sorcerer. A clean yolk indicates pathology, a domain of the herb doctor. An abnormally shaped yolk implies harmful spirit involvement, the domain of the *maw phii* (spirit expert or dancing doctor)<sup>18</sup> (Halpern 1961:35).

People go to the *than mau* (western-trained doctor) when they are sick. Going to the hospital to see a physician depends on the seriousness of the illness, determined in some cases by its duration or the failure of self-treatment methods. Panchanii

waits “three days before I go to the hospital.” Individuals will treat the symptoms themselves during this time, buying medicines from the local pharmacy because “if I know these are the same symptoms, then I get my own medicine without having to go to the doctor again.” Many Lao ask relatives for advice or listen to “many people who tell me to take medicine, rest, and drink warm water when I have a sore throat.”

Lao do not go immediately to the physician because the visit will cost 300,000 kip or the equivalent of three American dollars. Seldom does the average ill person in Laos have this surplus to spend on a physician as a first option when ill. One of the biggest problems is delayed medical intervention, most notably in cases of vehicular accidents. Individuals will go home without diagnostic intervention for brain or spinal contusions or bleeding. For many, the type of intervention chosen depends on whether a person is in the city or the country. If in the country, they use the *mau yaa* Lao, the traditional medicine doctor, because that is the healer available. Children are usually taken to the doctor every time because the parent “does not know how to do [treat] by myself.”

### **Providing Care for the Sick**

Individuals know they should rest when ill but admit that seldom do so. Economic necessity requires that they work. Family members care for each other when someone is sick. Many of the weavers are in their twenties and remember their parents caring for them in the past or are confident they do so again. Some of these young women, however, are far from home. Some live with an older brother or sister whom they identify as the person upon whom they rely. A few who work at group

settings pause at the thought of being that ill, but propose that their work friends or the owners would help.

At one weaving workshop, where young women live on-site, it is co-workers upon whom they must depend. There was a time when one of them needed to go to the hospital after working hours. One young woman called the manager at his house for his help. He supposedly has access to the money that is collected from the women for health services. He told her to borrow money from everyone that was present and hire a tuk-tuk to take the patient to the hospital. These young women determined how to get to the hospital and collected money from everyone to pay for the treatment. The women were never reimbursed from the fund that is for this purpose (McIntosh 2004:personal communication).

The same workers had additional burdens when an additional thirty girls housed in the same dorm building for two months while the girls learn to sew and tailor clothes. The regular weavers (all young women in their early twenties) found themselves responsible for girls as young as 10 years of age, who because they live in remote villages, did not know how to use a toilet or that they should not drink water out of the faucet. Some could not even speak the Lao language (McIntosh 2004:personal communication).

Caregiving is not the sole domain of adult to offspring. Weavers who are divorced with children rely on their own children. Children, unless they are younger than five years of age, care for the ill parent. Children this young know how to cook sticky rice, wash dishes, and buy food at markets. For some, anticipation of getting

ill requires them to stay in marriages they do not want because “I want a divorce from my husband but if I am sick, who will care for me?”

### **Lao Conventional Healing Practices**

Healing intervention that is not based in biomedical theory and practice is known as *yaa pheau meung*. Fauveau (1992:4) asserts the Lao term is erroneously translated in English as “traditional medicine”, with a connotation of backwardness and statism. She reminds readers that if conventional systems have been “formulated and have their basis in a past, they are usually dynamic, adaptive and changing systems.” She asserts the translation should be “vernacular medicine.”

Individuals who acquire specialized skills of healing do so in several areas of expertise. They are considered *mau* (experts). The traditional healer category includes bonesetters, diviners, experts in magic or charm, astrologists, palm readers, tattooists, and experts in spirits. Bertrand and Choulamany (2002:80) list seven traditional roles that include most of the categories just cited as well as blowing specialists, *mau pau*. The *mau dyaa* is an expert in Lao medicine. This person is knowledgeable in herbs, diet, and activity (Westermeyer 1988:774; Riley 2001:22).

Most *mau* provide their healing skills on a part-time basis, working as fisherman, farmers, cooks, and maids the rest of the time. As healers age and are supported by younger family members, they may devote more time to healing activities (Westermeyer 1988:773). This avocational role is true even in modern times for physicians who, at a government income of approximately \$30.00 a month, find they can earn more money working as seamstresses or running restaurants and



drinking establishments. Some modern physicians run local pharmaceutical stores after they get off work from their official jobs. They still use their knowledge and skill this way.

In addition to many types of traditional healers, there are *nyaa paw* (venerable fathers) in every household who perform ceremonies to placate house spirits, provide counsel, and often cure minor ailments. This role includes respected Buddhist monks, older teachers, headmen, and other wise older women and men (Westermeyer 1988:773).

### **Herbal Medicine and its Practitioners**

Herbal intervention is perhaps the most utilized healthcare within traditional Lao medicine. Its primacy is supported by the focus given it by the Traditional Medicine Research Center and associated traditional medicine centers at the local village level. Although the name of the TMRC implies a broader scope and acknowledgement of traditional healing, its focus is on plant knowledge in terms of botanical identification, pharmaceutical efficacy of plants, and functional administration of herb medicine. Seldom do officials at TMRC delve into other situated knowledge and practices of healing (Riley 2001, 2003).

The herbalist is the only traditional healer<sup>19</sup> afforded significant respect by contemporary modern health practitioners and scientists in terms of knowledge. Monks with these same skills get their status from an intricate mix of moral and functional qualities embedded in the culture and society. Although the government actively promotes traditional medicine, anthropologist Mary Riley found that if she

asked the Western-trained Lao chemist, biologist, or related scientist about spiritual healing, there were no clear answers. Dismissed as superstition, there would be vague references to “blowing” doctors. The officials working at the TMRC claimed not to know details. However, these officials and western-trained Lao physicians do encourage herbal remedies. The healer at local traditional medicine centers is often the director of the local clinic or hospital. This individual refers patients either direction—biomedical treatment or traditional medicine. The two medical systems co-exist without animosity. Yet focus is on the functional and pragmatic value of the plants and not the beliefs or social practices that accompany the healing process (Riley 2001:23).

There are women in front of the main post office in Vientiane who sell herbal remedies as well as associated accoutrements to resolve “ailments of the heart”. Most of the women are Hmong. Mei Kung is a 55-year old woman who gives advice as she sells her products. There are at least ten other women, with similar goods although each person has a few items another does not have. Mei Kung sits on the cement sidewalk against the low brick and cement wall that divides the sidewalk from the post office grounds. A large beach umbrella stuck into a cement base shades us from the sun. Spread before her, occupying space about eight feet in width and six feet in depth, are dry herbs, small bottles of liquid, clay and bronze figures, and various small packages. Some of these cellophane packages she makes herself by putting portions of dried herbs in them and sealing the cellophane with a Bic lighter that melts the open ends together. Some small packages appear to have come from a

manufacturer because of the Thai or Chinese language written on slips of paper inside the bags.

In a village forty-five minutes by tuk-tuk ride from Vientiane, a 55-year old man rides his rickety-looking bicycle up to the outside of the cement brick half-wall that surrounds the weaving area. He lives in the next village and is considered by the locals to be a *mau yaa*. Four years ago he taught himself the “combination of roots and bark and twigs from a Lao book.”<sup>20</sup> There are formulas for the combination of natural plants for healing, a few which Dr. Bounhoong of the TRMC has written in an English language paper for the Second International Seminar of Lao-Vietnam Cooperation on Medical Sciences Research in 1999. In his paper are remedies for back pain, the common cold, and long life. These written recipes contain Latin botanical names with the following as one example:

Recipe:

*Similax glabra* Roxb.

*Eclipta alba* Hassk. (herba)

*Siegesbieckia orientalis* L (herba)

*Achyranthes aspera* L.

*Artemisia vulgaris* L.

Fruit of *Xanthium strumarium* L.

(All ingredients have to be dried in oven, then decoct with 2000 ml water in 1 hour. Drink as a substitution of drinking water) (Southavong 1999: 10-11).

The *mau yaa* used to be a laborer in the fields in Pakse province but he thinks this work is not as hard. It is “not better or worse” but he is “not as strong as before so this is work I can do”. The roots and bark he wants to sell are in a cellophane bag, sealed at one end by melting. It is about four inches by three inches in size. The bag’s price is thirty cents but I give him 50 cents and ask to take his picture. The

medicine is for stomach pain and upset. He tells me he can fix broken bones and blow on skin problems and sores to make them better.

### **Pharmaceutical Medicines**

Self medicating is a first step people take when they are sick. The availability of drugs is an important health resource but it has its harmful effects as well. Lao people in Northeastern Thailand make a distinction between ancient or local medicine and foreign medicine (Whittaker 2000:64). Certain imported drugs were well-known even 30 to 50 years ago in Laos. The strong presence of the Chinese in Laos brought the rich tradition of their system and the subsequent presence of other foreigners introduced additional modern medications such as aspirin, caffeine, penicillin, chloroquine, certain Thai tonics, and vitamins (Westermeyer 1988:772). A universal remedy is small packets of unmarked, sometimes uncapsulated drugs sold for a variety of generalized complaints. These are known as *yaa chut* in Northeastern Thailand. Chris Lyttleton (1996:39) writes of medicine packages in Northeast Thailand where people have similar health seeking behaviors to Lao people. The packages contain anti-inflammatory painkillers, antihistamines, appetite stimulants, amphetamines to suppress appetite and anxiety-reducing sedatives. Placing amphetamines and sedatives in one package is a dangerous combination. Sometimes a vitamin B1 pill, calcium, or iron is included. One of the packages contained prednisone, a corticosteroid that suppresses the immune system and inflammation. It has appetite stimulation as a side effect (Lyttleton 1996:39).

Pharmacies in Laos, particularly in urban areas, are numerous. The customer encounters at the front side of a six-by-six foot room a glass-counter cabinet filled with unit dose antibiotics, pain relievers, and symptom relievers for diarrhea or colds. Most of the medicines are packaged, unless one goes to the store downtown that looks like Chinese pharmacies with drawers of loose medicines. The labels on packages show origins from Laos, Thailand, or Vietnam, and occasionally China. Some Lao believe that medicine produced in the two state-owned pharmaceutical factories to be of inferior quality to that manufactured by the other four factories that are Vietnamese, Chinese and Lao joint ventures or those imported. There are many instances where drugs are imported without registration (MOH and JICA 2001:14.3-14.4). Paracetamol and Erythromycin are the most common pain reliever and antibiotic found on the shelves. These stores will also carry products advertised widely as symptom relief for coughs and colds such as Sepcil throat lozenges. A common site on buses because of the crowded conditions is a two-inch long eucalyptus-and- mentholated stick in a plastic container. A person removes the lid, positioning the end of the plastic stick in the nostril to sniff. People use it to prevent illness. It is soothing even when one does not have a cold. It certainly helps if bad smells in close quarters such as buses are overwhelming.

### **Injection Doctors**

Often representations of traditional healers, and the mediums they employ, reify a perception of the roles and systems as static or backward practice. On the contrary, true healers all over the world are pragmatic people who incorporate new

knowledge and skill into their practice if it proves advantageous. In an interesting twist on the technical skill of modern biomedicine, traditional healers in Laos and Northeast Thailand acquire the skill of giving injections with hypodermic needles and intravenous paraphernalia. For a fee, this individual is available to inject whichever medicine the patient wishes. Some of these injection doctors are moonlighting from official medical jobs. Others gain their skill by trial and error (Lyttleton 1996:39; Reeler 2000:137; Whittaker 2000:63).

Parenteral administration of medicine is not new to Laotians. Westermeyer (1988:772) notes an inference of magical quality to injected medicine by the common Lao person. People, regardless of rural location, education, or even Western culture, regard this route as somehow more effective than oral medication. It may also be that people feel that “one who injects is one who cares” (Reeler 2000:137). Hybrid healers combine western medicine with the assurances of their indigenous beliefs, chanting over the site of the injection invoking its magical power as well as its pharmaceutical strength. Injections in Northeastern Thailand (many ethnic Lao people live in this region) are *yaa reng* (*yaa* means medicine in Lao) or “strong medicine” (Whittaker 2000:63). The injections administered are antibiotics, vitamins, painkillers, and saline solutions. Injection routes are both intramuscular and intravenous. People believe they relieve a variety of ailments, from hemorrhoids to hangovers (Westermeyer 1988:772; Whittaker 2000:63). Whittaker (2000:63) writes of an old man in Northeast Thailand who rides his bicycle from village to village,

beeping his bike horn to let residents know he is there to provide both injections—and haircuts!

An injection doctor uses various solutions. The solution might be vitamin B, saline, an antibiotic, or a painkiller. She tells Iwasa, “it is up to [my] stock.” When someone wants the medicine, including injections, they visit her or she goes to the client’s house. She changes the disposable syringe and needle between persons. Sometimes the client brings the medicine to be injected. Pharmaceuticals are available in villages and towns without prescription. Pharmacist and storekeeper alike give advice on administrative routes for medications as well which medicine to use for what ailment. This 55-year old woman is divorced and gets the medicine from her physician or from her pharmacist husband as part child support. She was a nurse, working in Savannakhet province in the south of Lao but is now retired. She charges 30 cents to a man who has chronic neuralgia. He has had increased pain the last several days so he wanted “to be injected with a painkiller and a vitamin” (Iwasa 2004, 2006;personal communication).

### **Massage and Other Dermal Treatments**

Massage is an important therapeutic practice for healing as well as prevention of ill health. Lao and Thai massage differ from the American massage in that upon completion of a session, the patient is sat up and roused rather than allowed to remain relaxed. The purpose behind Thai and Lao massage is to stimulate energy flow through pressure on key points in the body (Robertson 1988:62). A massage in Laos only costs a few dollars, although it will cost \$5.00 for an hour in shops that cater to

foreigners and the Lao elite. The massage is still performed with the client lying on a sheet-covered mat on the floor, sometimes with curtains providing visual privacy but no auditory quiet. Patrons wear their own clothes or change into loose shorts and tops.

Mai's mother is treated by a Vietnamese doctor with acupuncture and moxybustion. Acupuncture uses minute needles to pierce the skin at key points and is often used in conjunction with moxybustion. Moxybustion is a treatment in which little cones made of powdered mugwort leaves (*artemisia vulgaris*) are set on the puncture point in the skin and then burned. Lao rebalance vital elements in the body through moxybustion, acupuncture, coining, and needle puncture of ecchymosis. Some of these interventions are part of householder knowledge, albeit that of the older person (Robertson 1988:56-57). Coin rubbing, or *khuut lom* (scratch the wind), is a practice said to be borrowed from the Vietnamese, who undoubtedly learned it from the Chinese. The practice reduces fever, alleviates headaches, muscle aches, eliminates fatigue, and cures colds. A salve like Tiger Balm that feels warm on the skin is applied where discomfort is present. A coin or a spoon is firmly rubbed on the area in long strokes. Evidence of dermabrasion or dark bruising assures successful healing (Tung 1979:24). Another technique borrowed from the Vietnamese is cupping, or *withii cuup*. This means to kiss or suck and is also known by its French term *ventouse* (Robertson 1988:56-57). Iu-Mienh people practice this in the United States. A bamboo cup or in more recent years a small glass jar such as a baby food jar, is heated by placing an alcohol-soaked piece of cotton set afire in the jar. As soon



as the fire goes out, the jar is placed, open end down, on the skin. The jar is removed after several minutes, leaving a red circular mark that lasts several days. A needle prick of the inner area releases a few drops of blood and with it the bad wind believed to cause the ailment.

### **Fortune Telling**

The man riding the bicycle that who sells herbs for medicinal purposes also sells and tells fortunes. Manivanh and another woman each give him 30 cents to tell their fortune. He takes out a folded cream-colored canvas cloth that has obviously been handled many times. Stenciled on the border of this four foot square cloth are men sitting on different types of animals. The edge has an orange binding. The cloth looks as though it could be rolled and then tied but the man unfolds it. He also has a well-worn-and-fingered book that has one whole page covered with numbers inside squares. Another page has an elaborate drawing of what looks like two snakes horizontal to each other with straight slanted lines connecting them. He does not give Manivanh a good reading after studying her palm but she will not tell the details.

There are a couple of women in front of the main post office everyday telling fortunes. Sometimes there is a man at this location. On other days he is a few blocks closer to Mahosot hospital. The fortune tellers here must conduct their business somewhat surreptitiously. The police often threaten to fine the fortune tellers and make them move. The fortune tellers believe that the police think fortune telling gives a bad image to tourists. Bouandouang, one of the female fortune teller, squats on a six-inch high plastic stool, behind a large trunk tree that partially shields her

from the police booth across the street. A man sits on a motorcycle chatting with her but he watches the police when she is talking to a customer. He denies this is what he is doing but when he leaves, she asks another man to watch. The woman has never been caught by the police so she does not know how much they would fine her. She thinks the fine would be about \$20.00. She “just puts the towel up like I am wiping my face and I stick the cards in my waistband or tell the customer to take the cards.”

Bouangdouang identifies herself as a *nung thiam*, which is a medium who can call spirits. Research assistant Sommay identifies her as a *mau do*, a diviner or fortune teller because she reads palms and cards, guesses the future, and tells about the past. Sommay does not believe she is both a *nung thiam* and a *mau do*. If she does not have the skills of a *nung thiam*, Bouangdouang may not be regarded as a healer but just a *mau do* (Bertrand and Choulamany 2002:80). Yet, Bouangdouang’s mother was a *nung thiam* and after her mother died, she wanted to practice as one.

Her customer, Pai Vang, is a 43-year old Hmong woman married to a Lao man. Pai has been very unlucky for the past year. Her parents and her grandfather died this last year. Her husband is using and selling opium and amphetamines. He is now in jail. Bouangdouang advises Pai to take a three-section coconut to a Wat and leave it with a monk. Phet, the male research assistant who is with me, explains the coconut is an analogy for the heart. It is not eaten but left on the ground to grow into a coconut tree. Bouangdouang also instructs Pai to have a ceremony in which she invites nine monks, three whom must be head monks. She is also to go the Wat to get some holy water from a monk to pour into her bath each day. She says, “If you run

out of holy water, just go back to the Wat for more.” She advises the woman to kill a chicken this evening to offer to the spirits. Bouangdouang goes on “Oh, and make a small boat and release it in the river. After the monks chant, then let the bad go away with the water.” The fortune teller then changes her advice, telling Pai to keep the coconut in her house. Additional instructions include buying three eels. She needs to buy ten candles and ten flowers and take these to the Wat. Phet explains it is customary to give two candles and two flowers each for the Buddha, the Dharma (Buddhist teachings), the Sangha (the monkhood), parents, and spirits. As the woman cries, the fortune teller tells us that the woman is really suffering. She is alone and must look after her children. She also owes someone a lot of money.

Bouangdouang consults a commercially produced paperback book, asking the customer what year she was born. Bouangdouang tells the woman that this month is not a good month for her but the next month will be better. The final instructions we hear before leaving is Bouangdouang’s advice for the woman to buy five birds in cages and then set them free. Letting them loose is an act of alleviating suffering in Buddhist practice, symbolizing the release of bad things.

The suffering woman is Hmong, and likely not a Buddhist despite being married to a Lao man. The counseling consists of many contradictory admonitions. It is unlikely that the woman carried out any of the instructions but she did have a lengthy time in which a person listened carefully to her woes and commiserated with her problems. I did not have the opportunity to ask Pai if her session helped her feel better since she was still with the fortune teller when we left after two hours.

## Bad Spirits

Johmchan, a 65-year old woman who no longer weaves, explains that if a person believes in *phii* (spirits), then the person will get sick if an untoward event happens. She gives the example of a person dying in a house and yet part of the person stays in the house after the body is removed. The mau yaa or traditional medicine doctor comes to the farm or goes to the forest. The mau yaa talks to the *phii* and talks to the person to make them feel better. A whole chicken is boiled and eaten. People only do this in the countryside because there is no hospital.

Yet, people use these healers in urban Vientiane. Yot was ill for a long time. He believed the healer would not believe a younger person so Yot's older brother went on his behalf. His brother took an article of Yot's clothing to the mau yaa who then performed a ritual. Lao in the United States send clothing back to Laos to have this done for them and then the clothing is returned to them.

The Lao belief in *phii* explains sickness beyond the obvious physical cause of injury or contagions Lao acknowledge exist. The *phii phetu* or *phii pawb* wanders around as a troublemaker. *Phii pawb* result from violent deaths. A sudden death without a prior sickness such as drowning, falling, shooting, animal attack, childbirth, or a vehicle accident are received as unnatural. The person often does not receive a cremation or elaborate funeral but rather a quiet and expeditious burial. Some people believe the spirit of the person is annihilated while others think the person dying this way can be born again (Westermeyer 1988:771). These bad spirits live in jungles and forests, attacking especially at dark. Persons are careful to shutter their windows to

prevent entry into houses (Halpern 1961:12-13; Operation Brotherhood International 1966:1; Westermeyer 1988:770; Keyes 1995:128). Khamla shuts the windows of her house every night even after they are screened to keep the mosquitoes and other bugs out. She is concerned about robbers and bad people breaking in. Maybe she is fearful of bad spirits as well.

Bad phii harm people. Malevolent phii seek those who are vulnerable, weak physically, emotionally, mentally, and socially, and whose being is not balanced and in harmony with itself and the world around it. People can be susceptible if they have bad fate or bad karma. The malevolent spirit causes illness by possession of the person and consumption of the individual's khuan which can result in death for the human being. Women and children are common victims of evil spirits. Symptoms are the person crying or laughing loudly and when addressed, covering the face. The afflicted person may complain of neglect. She will complain of food being withheld from her. Childbirth also is a dangerous time with excessive bleeding indicating possession. The evil spirit is described as "sucking the mother's blood" (Tambiah 1984:321).

The Lao body has nine "doors" by which spirits enter or exit. These openings are at the palm of the hands and at the natural body openings (Halpern 1961: 20,36). There are Lao people who ascribe arthritis to the entry of an evil spirit via the palm and a common ailment like dysentery is attributed to entrance via the anus. The spirit is hungry inside the body and must eat. Balls of rice placed at the corresponding entrance of the body entice the spirit to exit (Kaufman 1964 in Halpern 1961:36).

Balls of glutinous rice are placed in a crevice of a tree trunk in an attempt to please the evil spirit by satisfying his hunger. There is a specific *phii phaj* (vampire spirit) that feeds on blood and saps the victim's energy (Halpern 1961:17, 1963: 194).

### **Preternatural Power**

Some Lao believe that certain individuals possess exceptional power related to the supernatural. A person can use this extraordinary power for both bad and good purposes. Masters of occult power can capture *phii phetu* (evil spirit) and direct it to make someone ill. A person known or thought to possess a *phii phetu* receives respect from others out of fear (Souvannavong 1956 [1959]:303; Halpern 1961:12-13; Operation Brotherhood International 1966:1; Westermeyer 1988:770; Keyes 1995:128).

Lao who believe magic or sorcery causes the problem at hand call on experts to use powers to protect and cure. Bertrand and Choulamany (2002) list six healers (*Mo pau, Mo phi, Mo tham, Mo mone, Mo thiem, Mo Son*) who concern themselves with *phii*. The spirit doctor, also called a dancing doctor,<sup>21</sup> divines the cause of the patient's illness and then cajoles the "irritable spirit to better feelings" (Souvannavong 1956 [1959]:303). Illness caused by evil sorcery requires a benevolent sorcerer to counter the spell. The blowing doctor discerns where the foreign matter is in the victim's body and through magical incantations and performance removes it. This may require him to blow slightly over the suspected area to get at it easily. This may cause nausea in the patient, causing him to vomit the foreign matter, resulting in a cure. The blowing doctor produces the culprit of the

illness in the form of a chicken bone, a piece of buffalo skin, or a pebble (Halpern 1963:192, Souvannavong 1956 [1959]:303-304;, Tambiah 1970:318-324).<sup>22</sup> One practitioner told Halpern (1963: 193) in the late 1950s of occasionally stabbing his patients suddenly with a sharp knife to create an opening through which the bad spirit could escape!

The practice of blowing is considered useful for conditions such as chronic back pain or neuralgia in the back or legs. The mau pau or blowing specialist lights a candle. He chews dry betel palm nut and chants a magic spell that relates to Buddhism. His his practice relates to the essence or spirit but he uses physical symptoms of the patient to connect to the spirit. The maw pau blows on the man's back. The breath felt on the man's back includes the magic spell. Sometimes the blow doctor can treat successfully and sometimes he cannot. If the treatment does not work, people think the practice "is not suitable" and will look for other interventions or will try the treatment again and again (Iwasa 2004, 2006:personal communication).

The woman living adjacent to Khamla demonstrates the skill of blowing when she intervenes with Khamla's five year old niece whose ear hurts. Khamla's 19-year old daughter inadvertently hit Jenny. Jenny still complains about a hurt ear the next day although there is no visible swelling or apparent redness. Khamla and Jenny go to Bouathong's house for treatment. Bouathong chews a bite of fresh raw ginger, spits this mash into her hand, and throws it out the open window. She then blows on Jenny's ear, cupping her hands around her mouth and the child's ear. The sequence

happens three times. Jenny is wide-eyed and quiet during the procedure. After the procedure, Jenny offers no more complaints about her hurt ear.

Preternatural power is part of Buddhism as much as it is part of animism. The last historical Buddha (Siddhārtha Gautama) to appear in this world embodied even more than what are considered extraordinary abilities. Indeed, the transcendent quality of his being was one sign that he was a Buddha. The Buddha is said to have risen into the air and produced both fire and water from different parts of his body. He healed devout supporters as in an incident in which he brought to an end a long and difficult childbirth and healed a wound in which no scar was later visible (Tambiah 1984:45-52; Harvey 1990:26). Yet the Buddha discouraged display of psychic powers because of the temptation of attachment they provoked, and the Buddha practiced practicality. Upon meeting an ascetic who sought power to walk on water, the Buddha told him that for a few pennies instead, he should just cross the river on a ferry (Harvey 1990: 26)! Hayashi Yukio (2003) writes extensively on what she calls practical Buddhism, healing doctors as the bearers of the protective power of Buddhism, and when healing crosses over to the religious realm.

There is a long tradition of monks recognized as *arahats*<sup>23</sup> (skt: *arhats*) or individuals who possess extraordinary powers. Contemporary society regards most monks at this stage of the Noble Path as saints or holy men of charisma (Tambiah 1970:49-50; 1984:11, 27, 295; Harvey 1990:64-65). Monks not considered arahat might also have some extraordinary abilities that they use for leadership. They concern themselves with social issues and associate with millennial movements.



Some monks have been famous curers. They write designs on the palms or foreheads of afflicted persons (Tambiah 1984:294-295).

The practice of meditation is associated with healing. Claims for self-healing through meditation come from the practice of *samādhī* (concentration) which enables peace of mind and detachment from or overcoming bodily sensations (Tambiah (1984:179). Mai, the 30-year old hairdresser that lives by herself in our village, tells me she goes to the temple to feel the peace that comes from sitting and thinking quietly.

### **Theravada Buddhism Related to Illness**

For over 2,000 years monks have treated the sick and devised treatments for many different kinds of medical conditions. The Ayurvedic medical tradition drew much of its knowledge from the practice of Buddhist monks (Keown 1995:3).

Around 258 BC, the great Buddhist monarch king Asoka advanced a national health plan most certainly influenced by the medical expertise monks had developed.

Medical care generated good will. It developed trust contributing to the spread of Buddhist teachings. It also allowed monks to provide compassionate service to the laity (Keown 1995:5).

However, the Buddha cautioned monks against practicing medicine, especially for the laity, because the involvement would detract from their individual spiritual progress. Nonetheless, the healing tradition of monks continues in contemporary societies practicing Theravada Buddhism. Various Wats throughout Southeast Asia are known for herbal saunas and monks knowledgeable in dealing

with the alleviation of suffering (Riley 2001:22). Temples are the storehouses of palm-leaf manuscripts which include valuable formulas and directions for curing illnesses. Modern scholars are translating these. They are also testing the efficacy of the medicinal knowledge using scientific methods (Elkington 2007:personal communication).

Monks' roles related to well-being are as valuable as any functional medicinal plant knowledge they have or once practiced. Monks are fields of merit for the laity that provide a protective and transference power for health. Individual but also community socialization and identity occur by practices of *het boun* (making merit). Monks also casually socialize with patients. They discuss the patient's concerns. The Lao person may or may not encounter this concern from the western-trained physician.

### **Conclusion**

These two chapters on the medical culture explain how Lao encounter, perceive, and deal with health and illness. Lao, like most people elsewhere in the world, blur lines of knowledge and practice as well as definition and meaning.

The first chapter explains how health is conceptualized in Laos as a holistic state comprised of biology, notions of strength and resistance to outside threats, and relationships. Health is an outcome of situated and cemented *khuan* and balance of multiple factors in the person. It is achieved by cleanliness, exercise, family relationships, eating practices, and living in tune with nature. Health is influenced by a Lao worldview comprised of Buddhist cosmology, Ayurvedic theory, and

indigenous beliefs in spirits. It is also affected by a burgeoning market society, biomedicine, other Western ideas and practices, and forces of global economies and politics.

In this second chapter I describe Lao medical knowledge related to its healing practices. I describe interventions provided and sanctioned by Lao authorities, based in biomedicine but inclusive of herbal knowledge and practice. I also delineate what Lao laypeople identify as common illnesses. They reveal everyday sickness such as colds, sore throats, and headaches in the realm of the everyday. People also experience conditions related to their country's undeveloped status—that of malaria, diarrhea, and liver problems. Yet, Lao also contend with diseases such as cancer, hypertension and diabetes, and they encounter an increasing frequency of vehicular injuries.

This second chapter on Lao medical culture describes how people determine what to do when they are sick by discerning the ultimate cause of the problem. This still includes conventional means such as divination. Family members, for the most part, determine what is to be done. Lack of money influences whether treatment is sought unless a child is involved or seriousness of the problem is recognized. Availability of a biomedical doctor is a factor, especially in rural areas. Restoration of health is sought through Western biomedical intervention but Lao healing practices also include herbal medicine and its practitioners, pharmaceutical products, specialists in injection, individuals with preternatural power, practices to counter bad

spirits, fortune telling, massage and other dermal treatment, and the unique relationship between laypeople and the Buddhist monk.

Lao explain states of health and conditions of illness by multiple factors learned within their community and society, and reinforced by practical experience. They act to create, restore, and reproduce health, influenced by beliefs, knowledge, and societal forces. Healing, as well as maintaining and perpetuating health, require continuous transformations of meanings and practice, at times, even a “reinvention” of knowledge (Hobsbawn 1992; Whittaker 2000:59). Often, when describing traditional practices and conceptualizations, the risk is that of portraying a static fabric of health in what some people would view as backward, ignorant, or even superstitious. Yet, adhering to the syncretism that occurs in medical pluralism, Lao medical culture has effectiveness and vibrancy that biomedicine alone cannot sustain nor match in terms of meeting the needs of the Lao population. Lao medical culture consists of coherent traditions embedded in culture and history but constantly changing for practicality.

The next two chapters explore the practical actions of everyday life in Lao society and the importance of social relationships. Healers, hospitals, and medicines are valuable health resources but it is the resources found in day-to-day activities that make up most of living. Water, sanitation, shelter, nutrition, physical and emotional care, social stability, and the means to be productive comprise the praxis of health. The way people live, the way they relate, and the way they think and feel is “beyond curative medicine” (Janzen 2002:81).

## **Chapter 6**

### **Practical Actions Related to Health**

“Life is our dictionary. ... This time, like all times, is a very good one, if we but know what to do with it. ... I embrace the common, I explore and sit at the feet of the familiar, the low. Give me insight into to-day, and you may have the antique and future worlds.”

Ralph Waldo Emerson, 1837

### **Introduction**

This chapter examines the biological necessities for life—water, food, shelter, and safe living conditions as material objects. It focuses on the ways people use these necessities. Everyday actions entail practical knowledge in the common processes found in daily life. I begin by describing a typical day of living in Khamla’s household. I then address basic needs of water, shelter, and food. I explain the importance of water in Lao society to clean, to hydrate the body, and to communicate regard. I describe how housing shelters Lao from inclement weather, protects them from harmful strangers, and makes daily living easier. I describe how Lao meet nutritional needs. I examine communication and transportation as additional resources that help people overcome obstacles, maximize opportunities, or that may detract from well-being. I also explore physical activities of caring for another person because these actions are essential components in socially reproducing health.

### **Living Lao**

#### **Khamla’s House**

Khamla and her family live in a neighborhood in the capital of Vientiane, identified by its original village name. Calling it a village (which is the direct

translation for *ban*) seems a misnomer since the area is no longer rural. The area is a 15-minute drive from the center of Vientiane. Ban Nongtha Neua occupies both sides of an asphalted two-way narrow road that is a main spoke out of the center of Vientiane. On the east side of the village is a long lake that is full of water during the rainy season of July through September. The lake provides fish for the local market. Hand-tended gardens along its sides provide an abundance of leafy green vegetables.

The lake also provides mosquitoes. Dengue-carrying mosquitoes are present during daylight hours. They are unmistakable in appearance. These red-striped black-body mosquitoes can transfer dengue fever and even hitting one with an open palm is dangerous to do. It is better to scrape it with an unused firewood stick and then squash it on the ground with a shoe.

Life has been hard raising children for forty-seven year old Khamla with no help from the children's father. She has resources that place her household above the impoverished in Lao society. Khamla earns more in a month handweaving than a government worker. Her children have a basic public high school education. She has a younger brother and sister-in-law living 10 minutes away upon whom she depends. Now she has an anthropologist living with her who pays room and board. The money is welcome, but as importantly, the anthropologist prevents her from being *poudio* or alone, a concept important in Lao society.

### **Noises and Activities of the Morning**

The rooster crows at 3:00 AM right under a bedroom window. Not out in the yard, not on the other side of the house but under the bedroom window. The window

is without glass although it has rebar (steel rods) spaced to keep out larger animals and birds...and humans. Every evening, Khamla closes wood shutters against feared intruders but mostly against the bugs attracted by the electrical lights. This includes mosquitoes since there are no screens on the windows. Fans stir the air. Sleep is restless because of the heat but still the crowing is jarring. Other roosters crow in the distance across town or even just down the street yet this is not the countryside when people need to rise and work the rice fields. There is no inkling of light. It is too early even to make the first batch of sticky rice.

When the air is still or the wind blows in the direction of Khamla's house, the sound of the drum from the *Wat* (Buddhist temple) calls the monks and novices to wake and attend their first meditation of the day. It is a pleasant sound of a low rhythmic beat that lasts about 15 minutes. During some nights, the sound *tae-kek* of the large 12-inch long gecko living behind a door in the house is audible. He eats insects. So does a salmon-colored frog that lives in the bathroom. He hides wherever he can but occasionally clings to the wall next to the squat toilet. It is disconcerting to balance a hand on that wall when in a precarious position. Even if Khamla removes him, he finds his way back into the bathroom.

When morning finally comes, the next sound heard is the clack-clack of the heddle pulled by the hand toward the weaver's body to pack the silk threads against each other on the loom. The *kasouey* (shuttle) carries the silk thread, wound on bobbins, through the warp threads running lengthwise on the wood loom structure. Its noise is subtle—a soft whish with an almost inaudible click as the wood shuttle is

laid on the bench upon which the weaver sits, or propped in the 4-inch building nails jutting out of the side board, slanted and bent to create a holder in which the shuttle rests. The women in the house are weaving.

One of them has already started the fire in the ceramic holder outside in the cooking shed, rinsed the soaked rice, put it in the foot-high and eight-inch-wide wood barrel pot to steam for about 30 minutes. Khamla or her daughter, Mannily, remove the hot mass from the barrel, set it on a 2 foot by 2 foot piece of plastic tarp, mix it with a wood stick to let some of the steam out (to reduce its stickiness), and then roll the rice with bare hands into a ball 8 inches in diameter. One of them puts the rice in a special basket to keep it hot for another 2 hours.

At some time early in the morning, people bathe. If the weather is hot, Lao bathe twice a day and sometimes more frequently. Bathing frequently is just what you do if you live Lao.

Khamla's son leaves for work on his motorcycle about 7:30 AM as do neighbors. Younger children gather in the lane to walk to school a half of a mile down the busy main road. Teenagers walk four miles to the high school on the north side of the main road. Ola, the 17-year old neighbor girl, usually stops at Khamla's house for a few minutes before leaving for school, waiting for her neighbor pals to call out her name. All students dress in uniform, dark blue or black pants for boys, and dark blue Lao *sins* (skirts) for girls. Shirts or blouses are white. A school patch, sewn on the sleeve or front of the shirt, indicates the child's student number.



The bread man coming down the lane beeps a rubber horn. He rides a rickety bicycle equipped with a tin box that straddles the back wheel. In the box contains fresh baguettes of French bread. He slices the bread lengthwise and dribbles sweet condensed milk on it, all for the equivalent of 10 cents. Another bicycle vendor sells ice cream but he has a metal bell. Other vendors come during the day. One sells homemade brooms or hoes. A woman loaded down with a duffle bag and a plastic rectangular basket sells underwear, watches, Bic lighters, clocks, and other trinkets. Sometimes, a neighbor woman (who is also a schoolteacher) goes door-to-door selling corn or small plastic baggies of sour vegetable relish.

Khamla and her daughter Mannily weave for about two hours, stopping about 9:00 AM to eat breakfast. Breakfast and lunch consist of foods, with the exception of freshly steamed rice, left over from the night before, eaten cold or sometimes reheated.

It is cool and quiet. Khamla's back, legs, or eyes do not hurt yet. She plans her weaving time carefully, working a couple of hours, sometimes three hours at a stretch, with an hour rest in between. This lets her weave at a reasonable pace and yet have some breaks so she "does not get ill." The daughter weaves more intricate pieces than her mother, a skill attributed to inherent ability and her younger eyes. Mannily, like most Lao girls, learned to weave around the age of nine. The daughter does not stop weaving if a friend comes by to visit because the household depends on this income.

There are tasks of daily living to be done also. Clothes are washed by hand once a week, outside on the cement slab of the septic tank. It is hot work if the sun crests over the house next door. Sitting or standing over the large black plastic wash tubs, filled with soapy water, scrubbing the clothes by rubbing one pant leg against the other, and then rinsing them thoroughly, takes strength. The clothes are wrung of excess water, set in a tub with clean water and dunked up and down to rinse them. They are wrung again and placed in a second tub of clean water, swished around in the water, and then one-by-one, wrung out once more before being either draped over a hedge, a clothesline stretched between fence posts or trees, or draped on hangers from a horizontal bamboo pole. Big red ants traverse this bamboo pole so it is wise to shake the clothes well before bringing them inside the house...or putting them on! The clothes take all day to dry. One keeps a wary eye out for the curious cow that nibbles on clothes or goats in the yard. One watches the weather for the cloudburst, in order to grab everyone's clothes and bring them inside or under the overhang. If clothes are still damp at the end of the day, they are brought inside, draped over the loom in the back room. Most urban Lao have an iron to press clothes.

Obtaining water is not a problem where Khamla lives as the well is only 25 feet away from the house. The neighbors who share the well pull their water up by hand in plastic pails tied to a rope. Khamla has an electric generator. In the morning (it is stored during the night to guard against theft), it is connected at the well edge to a long pipe going down into the well, plugging a wire into an electrical socket that runs to the house. Blue PVC pipe carries the water to the house where two main

spigots, one going into the bathroom and one outside at the cement slab, control its use. The bathroom pipe goes through a hole in the cement block. Water flows into a large 4 foot tall plastic garbage can. Dipping a small plastic container into this water gravity flushes the squat toilet. This is also how a person bathes by pouring water over his or her body.

### **The Day Goes On**

It is a sunny day with ever-so-slight a breeze. The women inside the house continue to weave. Outside, Khamla's 21-year old niece Jhoy has a blanket draped over the back top beam of the loom as a sunshade but still sweat drips down her face and neck. By noon, she is able to remove the blanket shade. Jhoy plugs an upright fan into electricity, running the cord out the door of the house and placing the fan behind the loom to provide additional relief. Activity inside the house adjusts to the position of the sun, wood shutters shut on the east side of the house in the morning and then opened to let in breezes during the afternoon. The west side of the house faces a vacant field. The outdoor living space is on the east side, under a tall tamarind tree that provides shade and afternoon snacks, if an older youngster climbs into the tree to knock the seed pods down.

Khamla and Mannily weave for a few more hours after lunch and then break. Mannily joins friends outside on a mat under the trees where a gentle breeze provides relief from the afternoon heat. Khamla stretches out on the hard cement floor with a thin plastic mat and a kapok-stuffed pillow for her head. Khamla will join neighbors for the gossip after she rests her back.

There are the days that rain. A rain slicker should keep a person dry but perspiration from the heat results in clothes sticking to the body. Umbrellas also serve as a ready stick, when walking, against dogs that threaten to bite. Wood shutters get closed against the rain. The fan is turned on since shutting the windows makes the house hot but often electricity fails because of the storm. Mai is here but the rain falls so heavily that she cannot leave on her motorcycle to pick up little Jenny at nursery school. Finally, the rain lets up. Streams of water run through the yard and the dirt lane floods. Children in the neighborhood run to the large pools of water and laugh as they splash each other. The water reaches their knees and mid-calf on the adults.

### **Evening and Day End**

Around 5:00 pm, people walk the mile to the *talat* (open-air market) that is in the next village. They walk along the edge of the pavement with backs to the traffic. Large dump trucks pass people with barely a foot distance between the vehicle and the pedestrian. It is a nerve-wracking experience. People call out “*pie sai?*” (where are you going?), to which Khamla responds “*pie talat*” (go market), even though her destination is obvious. It is a form of greeting much like Americans who ask automatically, “How are you?”

Women selling meat wave plastic bags tied onto thin bamboo poles about two feet long, keeping flies off the freshly butchered beef, fish, pork, or chicken—somewhat. Small pre-arranged piles of chili pods, limes, and green onions lay on blue tarps. Scales weigh the amount to be purchased. One section of the market

holds dry goods with those vendors present all day long. Sellers bring the produce and products each day on the back of motorcycles, in tuk-tuks, in cars, by bicycle, and on backs. Some days, Khamla's daughter drives her up to the market on the back of the motorcycle. Other days, Khamla rides a bicycle or walks.

At dusk, mosquitoes appear. Khamla lights a mosquito coil inside the house and closes most of the wooden shutters. The smoke in the cooking shed outside keeps the insects away from her as she prepares dinner for 1-2 hrs. There are no packaged foods. Fish must be cleaned, vegetables thoroughly washed, cut up, and cooked. Cooking over one apparatus means preparing one dish at a time. While Khamla cooks, the rest of the household bathes. She usually takes the last bath.

Food for the evening meal is placed on the bamboo tray-table that sits low to the floor. Food is eaten with hands for the most part. The television is turned to Thai news, sometimes the Lao station news, and always the Thai soap opera. Lao and Thai languages are mutually intelligible. Dishes are not usually left to soak in the back room to be washed the next day. Scraps of leftover food are thrown out in the yard where the neighbor dogs seem to know when to race over for the meager pickings. Khamla puts some food in the refrigerator for the next day's noon meal. She never covers any of the left-over food.

Khamla and Mannilay weave for another hour or two after dinner, depending on orders. Sometimes, Mannilay meets friends to "*pie linn*" (play), a word adults use whenever they go somewhere for rest and recreation. After stopping to weave for the day, Khamla watches a favorite Thai soap opera, laying on the floor and joined by

anybody else in the house. Once the six-year-old niece comes from the countryside to live, Phu lays against her aunt, watching TV and falling asleep. Sometimes other nieces or a nephew stay the night. By 10:00 or 11:00 PM, the lights are turned off. Khamla's son often does not come home until late. He spends time at friend's houses, drinking beers, playing cards, sometimes riding their motorbikes way too fast on the dark streets. Occasionally these friends come to our house and music blares. When he does get home for the night, he puts his sleeping mat out in the living room and hangs the mosquito net over it.

Khamla locks the doors with a sliding bolt from the inside. Tomorrow will be the same routine with some variation for *bouns* (celebrations, many Buddhist in origin but also those marking life events), the neighbor woman giving birth during the night at home, a visit from relatives out of town, a village meeting called by the *naiban* (village leader), or a trip to the big market or the post office in the center of the capital. For now, everyone sleeps. All too soon, the sounds of weaving or the rooster will start again.

### **Basics of Daily Living**

The basic international indicators of health--good water, shelter, adequate food, and safe living conditions as well as the definition of the World Health Organization that refers to "complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization 1946) suggest a model for health. Yet, citing these elements does not inform how the

endpoint comes to be. Those processes exist in the simple everyday realm of people's lives.

## **Water**

The United Nations declared 2005-2015 as the decade for “Water for Life”, focusing the world on water-related issues. The former United Nations secretary general, Kofi Annan, implying that disease is not conquered by medicines alone, asserted that once the battle is won for safe drinking water, sanitation, and basic health care, defeat of infectious diseases will occur (World Health Organization 2005).

Ordinary Lao do not need a world organization to sensitize them to the importance of water. Laos's proximity to the equator provides a tropical climate with abundant rainfall of between 50 and 90 inches a year on average. The country has rivers, mountains, and jungle forests that are important for watershed. Water is important for consumption but it is also prominent in Lao hygiene and Buddhist practices.

A person seldom visits another house (even a very poor house) without being offered water to drink. The water is poured into a glass that others share as well. The offering of water is not just about being polite but an understanding that being hydrated is important to being healthy. Most Lao in the Vientiane area buy potable water in twenty-liter bottles delivered on a weekly basis. The water comes in two differently colored bottles—a white bottle costing 40 cents and a blue bottle that costs 60 cents. The quality of the water is the same but people pay more because “in our

house, we take the blue one because it looks nice and clean.” Khamla sets the bottles she gets along one inside wall of the house. Every few days, empty Pepsi plastic bottles and a plastic pitcher are refilled with water and then refrigerated. No one drinks water out of the tap, even in houses of the elite Lao or at the finest hotels in town. But not everyone can afford to buy potable water. Some Lao catch rainwater and store it in clay pots that have lids that hold about five liters of fluid. One of Khamla’s neighbors boils her household’s water. However much Lao understand the need for portable drinking water, they do not use boiled or bottled water to brush their teeth.

Well water is cold but full of fine particles of sediment, settling to the bottom of the large garbage can in the bathroom. Khamla’s son cleans this container every few months. After I had lived with Khamla for a few months, she arranged for *nampaapaa* (piped water). This water comes from a main water source via a hydrant installed in the front yard. This water is still not potable but it is clearer than the well water and easier to access. The cost is 70 cents a month for the service. It took Khamla three months of multiple trips to the water office to arrange for its installation. A Swedish researcher from the Karolinska Institute, Dr. Rolf Walhstrom, summed how things work in Laos with his acronym “TTT” which means “things take time.”

Most Lao are meticulous in washing raw plant material as well as protein sources like fish, snails, and chicken. They use water from the well or from the hydrant source, not the purified bottle water. Lao boil or sauté most greens, but



some, like lettuce, are eaten raw. Expatriates wash their vegetables in diluted bleach water but this is not a precaution Lao take.

Cleanliness extends to the outside food preparation space. Chopping boards are made from tree rounds. Khamla's daughter Mannily carefully scrapes the wood surface with a knife after cutting meat, and then floods the board with water, scraping the wood some more. After washing clothes, washing dishes, or cleaning food, water is thrown over the area, causing remnants to flow over the side onto the grass. Chickens and neighbor dogs eat those scraps, keeping the area quite clean to the eye. It would hardly pass Western sanitation standards.

People wash dishes with liquid soap using small rags or plastic scrub pads in a small amount of cold water. They rinse the dishes with cold water as well. Cleanser for scrubbing pans is used sparingly. Dishes always air-dry, usually turned upside down. Lao with better houses have kitchens with sinks and counter space but most of them still clean and cook in outside areas, especially if a group of people prepares a meal.

Someone always sweeps the floor after every meal of minute particles of food that inevitably drop. These collections are swept out the door. There are seldom ants in the house. Chickens in the yard take care of the disposal. Khamla's son mops the floors about once a month. The floor is cement with a contact paper stuck to it. Jhoy does not put any cleaning solution in the water. He uses a pail and a cotton mop. During my stay, Jhoy also repainted the inside of the house walls with an anti-mold

paint. Khamla or Jhoy clean the bathroom monthly, using a toilet brush for the toilet, and towards the end of my stay, using toilet bowl disinfectant.

Bathing is important for Lao for hygiene and for comfort. The hot season runs from March through September. Temperatures range from lows of 60-70 degrees to highs greater than 90 degrees and sometimes 100 Fahrenheit with humidity at least 85 percent. Bathing is a means of cooling one's body. Not all Lao have bathroom areas inside their houses. Children and adults wash hair and bodies in brown-colored ponds in the countryside. The people in one house next to Khamla wash in an area by the well, standing or squatting on flat rocks, behind rusted corrugated metal sheets propped vertically as privacy screens.

Higher income households have warm bathing water. During the cold season, Khamla boiled water a couple of days and added it to cold water in the large tub usually used for cleaning vegetables or washing clothes. The tub is wide enough to squat in.

Water connects ideologically to Buddhist cosmology and is seen in Buddhist and familial rituals. The earth goddess *Nung Thorani* figures in stories of the Buddha in his encounter with the evil *Māra*. Nung Thorani collected water in her hair every time the Buddha performed an act of virtuous generosity. She wrings her ponytail of this water to drown the evil tempter *Māra* and his forces (Swearer 1995:41-42). Statues of Nung Thorani are found at *wats* (Buddhist temples). Water is poured over the heads of monks during their ordination. During a temple service, Lao dribble water out of a bottle into a silver bowl while the monk blesses it with chanting.

Women then take the bowl of water outside to pour it on a plant, holding their free hand in a half *wai* (gesture of reverence) and asking for good health and blessing from Nung Thorani, the goddess of nature.

The rite held at the New Year uses water to purify and ensure good health. *Pii Mai* extends over at least three days. Participants use the first day to pour perfumed water over Buddha statues, monks, and elders. This washes away sins of the last year. Younger people also take water to bathe their elders' hands, to ask forgiveness for any wrongdoings, and to receive blessings from the elders, a ritual known as *samaa* (Tambiah 1970:153-154). Throughout the period, well-wishers throw water on each other, a welcomed relief (for the most part), from the hot dry season. The rituals are important for social cohesion and in Buddhist thought, necessary to keep harmonic order of peace, prosperity, and health. The common greeting of *sok dii* (good luck) *Pii Mai* extends wishes for both wealth and health.

Often rural villages only have enough water to drink. There is none with which to bathe or wash clothes. Water is a valued resource in Laos. It is used to clean, to hydrate the body, and to communicate regard. Westerners take water for granted yet Lao know that without it is to be without life.

## **Houses**

Houses shield people from the weather, provide a home base, and protect from harm. There are large fancy houses in Vientiane. There are small dwellings in poor repair. There are traditional houses made of wood and bamboo that are raised off the ground on stilts. Many of these homes have been modified to enclose the open-air

space that is underneath the house. Khamla's house was built only three years ago and like other newer houses, it is single story built on a cement pad. It is made of clay bricks reinforced with rebar. It has plastered walls painted white. It has a corrugated metal roof in an upside down V with two-foot eaves on the long sides of the rectangular-shaped house. There is a gap between the walls and the roof that lets in light and bugs. Khamla installs a ceiling during my stay as well as screens on the windows so that mosquito nets are no longer needed. The ceiling makes the house cooler in the hot season, warmer in the cool season, and darker during the early morning. Khamla continues to use the room and board money she receives to make house improvements. She buys a new bed and wardrobe, installs ceiling tiles, installs high wall fans, screens, floor tiles, and arranges for hydrant water. Her unfulfilled desire during my stay is to purchase a dining room table and chairs.

Most houses occupied by people of this economic class have very few pieces of furniture. Most people have beds, although poorer people sleep directly on bedding on the floor. Traditional beds are made of wood with bamboo slats with a pallet that is stuffed with kapok. Few Lao have chairs, sofas, or tables. Khamla has one straight back chair when I move into the house. A boyfriend of Khamla's daughter brings a wood desk and one more chair from his organization's office. Everyone in the house use that desk as a table to gather around.

A person sits on the floor to eat, to visit, to nap, or to prepare yarns for weaving. Even old people get up and down from the floor without groaning and

without assistance. Grandmothers and grandfathers squat on the floor with feet flat, back on their haunches, balanced, and at-ease.



Photo 3: The main living space inside of Khamla's house.

Living in Laos without the conveniences of air conditioning or heating, tunes a person into the importance of housing and weather. Khamla's house is a good shelter, but its rudimentary structure shows how Lao shift work to take advantage of shade, close shutters to block the rain coming into the house even though it is still hot as it rains, and leave geckos to live on walls to eat bugs. The elements of weather are not much masked by being in a Lao house. The corrugated tin roof is louder than conversation when it rains. When it rains in Laos, it can pour. Thunder and

lightening clap loud and shake the house. The culvert system in downtown Vientiane is too small and in poor repair to handle deluges when they happen. The streets flood with two feet of water. It is dangerous to walk in the collected water since it is not clear and the potholes or ground-level culvert covers may be broken or missing. When the rainy season begins, the wet is inescapable. If it is not raining hard, people go about their business. Feet seem always to be wet. Often the rain is a relief but trying to stay dry with a rain parka drenches a person in her own sweat because the heat only abates a degree or two. People drive motorcycles in the rain, holding umbrellas in one hand while the other hand holds the handlebars.

The majority Vientiane residents have electricity. This power source allows the meager comfort of fans mounted in ceilings or high on the walls of Khamla's house or freestanding fans that are moved where needed, even outside. Most Lao do not have air-conditioning. Sometimes there is no electricity because of outages caused by storms, the truck that hits a main pole in our neighborhood and is stuck in the mud for most of the day, or because power is diverted to Thailand. At those times, utility candles are used. Electricity costs \$2.50 a month at Khamla's house, payable to a man who rides his motorcycle from house to house to collect. Khamla sticks the paid bills on a nail in the living room wall.

Robbers are a growing concern in the Vientiane area. The local police newspaper reports incidents. Doors at night are secured from the inside with locks and deadbolts. Khamla asks me to stay at the house rather than my planned days at the guesthouse with friends when she goes for four days to her relative's village four

hours away for a funeral. Weavers will stop working at group workshops to stay at home to guard the house.

## **Food**

Food has no less importance here, nutritionally and socially, than it does in other societies. There are elaborate Lao dishes of food but most Lao, in their daily practices, eat simply. A Lao woman in the countryside tells me to be healthy is as simple as eating “a little meat, a little vegetables, some fruit, and a little rice” (Lundberg 2002:fieldnotes). We eat a fat round fish that is some kind of carp, chicken, chicken eggs, pork, and beef for protein sources. Meat is fresh, slaughtered the same day we buy it at the local market. Large trucks with hunks of butchered meat exposed to the air drive on the main road. The truck bed is not refrigerated nor covered. Lao prefer to boil meat Khamla grills more after I tell her that I prefer “barbecued”<sup>24</sup> meat. She scrambles an egg mixed with diced green onions sometimes for an evening meal. We always have a vegetable of some kind. Vegetables are always green in color with the exception of bamboo shoots and mushrooms. At the end of meals, we share fruit, usually watermelon cut into bite-size pieces. A whole one costs only thirty to fifty cents. During the right season, we eat as many mangos as we want because they only cost ten to twenty cents a piece.

Bread is a colonial gift from the French in the early 1900s. The baguette is used as part of a fast food idea imported from Vietnam. *Khao chi pat tae* (bread pâté) is bought at corner stands in the morning before work, by students at lunch, or adults on their way home from work in the evening. It costs 50 cents to a dollar. Some

entrepreneurs make pizza-type bread and sandwiches they sell at westerner-type stores in Vientiane, catering to tourists and the Lao who are developing a taste for western foods.

Ideas of hygiene mix with notions of class in table manners that single out as Lao those who use their hands to eat (Ngaosyvathn 1994:20). Some Lao wash their hands before eating but not anymore than Americans do. The main eating utensil is the hand, although small ladle-type spoons allow a person to slurp and eat broth. Eating is communal, putting your hand into the rice basket, taking a handful of rice, pinching off a small ball to use as a scoop for the cooked vegetables, sauces, or fish on the table.

Most Lao cook in a shed or area outside their house. Sometimes these areas are under patio roofs over cement pads or sometimes just packed dirt areas. A cooking shed is a three-sided structure with corner and end posts supporting plaited bamboo walls. It measures about six feet by eight feet. The corrugated metal roof slants to the back enclosed side, away from the open doorway. Khamla keeps some of the firewood sticks inside the shed but most of the pile is outside the shed. She acquired a second cooking burner not long after I arrived. She cooks with charcoal and wood but starts the fire with gasoline-soaked wood shavings that are in a large plastic bag, propped up against the back wall. Smoke from the fire seeps out through the openings in the walls, the doorway, and the gap between the walls and the roof. Khamla uses tongs, large spoons, spatulas, grilling baskets, bamboo sticks, a wok, and a couple of pots to cook. She sits on a low stool (six inches off the ground), just



three pieces of wood nailed together to form a block, adequate for a person's bottom to rest on with knees bent high to the chest.

In the back room of the house, Khamla keeps cooking condiments of salt, MSG (monosodium glutamate), sugar, chilis, dried chili paste, garlic, black pepper (after I arrive and request it), one bottle of cooking oil, and loose green tea in a wood hutch with screened doors. She stores shallow soup bowls there as well. There are no plates. There are no other cans or box goods. On top of the refrigerator, Khamla keeps medicines. There often is a single-use foil pack of erythromycin, an antibiotic recognizable by its large size and bright pink color. Lao buy this broad-spectrum antibiotic over-the-counter at local pharmacies when they have common colds. There are two or three pills left on top of the refrigerator at any one time because Lao will stop taking them as soon as they feel better. A roll of white narrow string, the kind used for *maadkhen* (a ritual that ties strings on the wrists) is on top of the refrigerator as well. This is a typical Lao kitchen.

Women shop for food at the market each evening. Sellers, mostly women, set up under an approximate 24-foot high roof over a cement pad. Low wood tables are three to four feet off the ground. These hold raw meat, freshly killed fish, newly made rice noodles, dry goods such as dried garlic, pepper, and salt, vegetables, fruit, and the women themselves. The vendors sit on the table behind the produce and meat,<sup>25</sup> cross-legged or perched on the small Lao stool. Some of the vendors spread their goods on plastic tarps on the cement floor and sit behind or to the side of the wares. Buyers walk down the two or three aisles, sampling, bargaining, and buying.

Khamla is shrewd with her money. She shows the seller a few bills, claiming that is all she has, and negotiates the price down to her offer. She reveals later she does have enough money in her waistband to buy a *kanom* (sweet thing) for the six year old niece Phu. Fish is bought two or three times a week, picking a live one from the water in the large pan on the floor with an air hose bubbling in it. For a dollar, the seller scales it, guts it, and chops off the head. A whole chicken, already gutted and picked clean of its feathers, costs \$1.50. Each piece of meat is enough for one meal for two to three people. Vegetables are much cheaper. A large bag of bamboo shoots that provides two meals costs only thirty cents. Khamla spends about \$2.00 a day to feed three people in the house. The percentage of this monthly expense is almost half of what she normally earns from her weaving. Most Lao seldom eat in restaurants. Eating at home is expensive as it is.

### **Communication**

Few Lao read newspapers. The government controls media reporting, even the English and French daily newspaper called the Vientiane Times. Only a few of the fifty-plus weavers interviewed read any of the four Lao language newspapers available in Vientiane. Some of the women have their husbands or children tell them what is in the newspaper. Several English language newspapers are available in Vientiane, notably the Bangkok Post, but these really only serve the expatriate community.

There are three Lao-produced radio stations. Two are government-owned and one is a satellite station. People can also listen to a U.S.-based Lao broadcasting

station (Johnston 2007: personal communication). Yet, weavers tune their radios to Thai stations for music. Fourteen out of thirty weavers asked do not own radios but for those who do not, four of them have access. Five of the six people who do not have television watch a friend's television. A couple individuals only have black and white televisions. A few people have cable TV which allows them to access more channels than just the Lao, Thai, and French stations, e.g. ESPN or the BBC. A few weavers watch news but the majority watch the Thai soap operas. Advertising on television is as prevalent as it is on American stations. Most products are not available in Laos to purchase, nor can people afford them for the most part. Products marketed are beauty and health items.

Large billboards that once promoted breastfeeding now advertise throat lozenges or vegan fast food dishes. The change occurs overnight. I stop one afternoon to take a picture of a billboard with the classic public health image of a mother nursing a baby. There is too much glare for a good photograph. The next morning I find it replaced with the image of a woman wearing a chef's hat promoting soy milk! Many socialist-era billboards of ethnic people and soldiers carrying rifles are gone, replaced by advertisements for tourist landmarks. Metal signs promote cleanliness: "as environment is to our breath so is cleanliness to our nation."

Not all houses have telephones. They cost just a few dollars to buy and only a dollar to use a month. Lightening zaps the system easily. Cell phones are becoming more prevalent but mostly with younger people. Usually, minutes are bought each month ahead of use, which controls expense.

Information comes mostly from people talking to other people. Sales of watermelons were drastically affected by rumors that a few people who ate watermelons became sick with diarrhea. The government wrote disclaimers in newspapers, radio, and television that the populace disbelieved. Khamla and her neighbors talked about avian bird flu within a day of television news of the first cases in Vietnam and changed their eating because of this information. The fowl in the neighborhood were killed and discarded overnight.

Lao use the Internet in shops set up for this purpose, yet these individuals are university students or persons in their forties who are familiar with a computer because of their business. Sometimes, I sit by monks and novices who email friends in other countries or access web sites for information. Men and women who work in the weaving industry are not these customers.

### **Transportation**

Most Lao cannot afford cars. They buy motorcycles from China for a few hundred dollars, but they break down frequently. Gasoline prices rise from 30 to 40 to eventually 60 cents a kilo while I am in Laos. Similarly, the bus fare rises from five cents to 10 cents to eventually 15 cents. If a person only make a set \$30.00 a month, an increase of 10 cents a day adds up to 3 dollar difference over 30 days, an increase from five percent to 15 percent of an individual's income. In Laos though, this increase is a disproportionate cost to an income that has no buffer for increases.

Lack of transportation and information hampers persons knowing about opportunities to advance their economic situations. Young women at one weaving

workshop earn very little money but they do not know of other places they might go to find work that pays more or provides better working conditions. Limited transportation also hampers the young woman I see in the back of a tuk-tuk with an old woman laying on the floorboards who is obviously very ill. The practical assistance this young woman gives the elderly woman is obviously crucial.

### **Caregiving**

One evening Nii brings the three-month old baby to Khamla house to show the child's burned right arm, caused that afternoon when the five-year old sister accidentally dropped a bowl of hot water that splashed. There are three blisters. The largest one is an inch in diameter in the antecubital area (elbow area). This is a third-degree burn by western medical definition. One of the blisters weeps clear fluid. Nii, and others swoosh flies away from the arm. The mother eventually lays a small flannel cloth on the arm to keep the flies off. Nii applies a salve with her finger to the arms. The label on the small container of Burnout has vitamin A and D and an antiseptic in a petroleum base. I decide to intervene to help keep the area clean by giving Nii a roll of medical gauze and Q-tips, advising her to use these instead of her fingers to put the salve on the open areas. We wrap the baby's arm with the gauze. The baby feels feverish for a few days but is nursing well.

A few days later, Nii asks Khamla for medicine to put on the baby's arm. Khamla picks some leaves from the yard. She tells Nii to smash them and apply as a poultice. Eventually, the scar on the baby's arm is hardly noticeable. Khamla

learned the remedy from her parents. This is not the only healing knowledge Khamla practices.

Many older Lao, particularly people who grew up in the countryside, know basic healing remedies. Khamla's son Jhoy has several motorcycle accidents undoubtedly caused by his drinking a lot of beer. He injures his shoulder severely during one accident that he cannot work for a week. It droops flaccid at his side. However, the shoulder is not dislocated as he can move his arm above his head. Khamla treats Jhoy's shoulder with a poultice three times a day for three days or "until it is better." She heats on the cook stove two plants found in the yard and lays these on Jhoy's shoulder. He cringes from the heat and pressure as she holds them in place for 15 minutes. His shoulder heals within a couple of weeks.

Yet, there is more to do for making Jhoy whole again. Within a few weeks, Khamla and Jhoy perform a *kongtong* (ritual). They make out of banana stalk sheaths a *gat toe ghao hoe*, a tray-like object 18 inches square and five inches deep divided into nine square "rooms". Food, flowers, candles, chicken feet and heads are placed within each of the nine partitions. A miniature bridge symbolizes the bad things that keep happening to him. Two stick figures about five inches tall have been carved out of the sheath stalks. Stuck into all four edges are 23 (Jhoy's age) sticks with colored cloth flags. Fluttering from two 18-inch bamboo sticks is four-inch white paper with stenciled Buddha figures and animals on them. The whole thing weighs about six pounds. Khamla and Jhoy also measures three-feet-long flexible skinny mustard-yellow colored candles against parts of Jhoy's body. He pinches with his fingernail

23 marks (again his age) on one of these candles. Then Khamla squishes the three candles into a bundle. Water infused with marigolds is put into a bottle.

Khamla and Jhoy sit before the monk in the open-air temple. String passes around them and around the silver bowl three times. The monk lights and lays the long candles across the silver bowl so they drip into the water. After the monk chants for at least 15 minutes, he dips a marigold and flicks the water onto Jhoy and Khamla. The monk ties strings around their wrists and gives them more to take home. Jhoy carries the kongtong out to the temple grounds and places it beneath a tree. He is instructed not to look back at it so he does not see the dogs ravenously eat the food in the tray. Khamla sprinkles the water in the bowl onto Jhoy's motorbike and ties white strings and flowers onto the bike as well. Trays like these are seen along the road and in temple grounds, providing testimony to appeasement of spirits for wrong doing, asking for better fortune, and evidence of how Buddhism melds with traditional spiritual practices. There are, however, what might be regarded as more practical caregiving.

Older siblings, especially girls, physically care for younger children but many teenage boys help young siblings with bathing and dressing. Khamla lived with her brother Sengphet and his wife Mai when her two children were young. Her brother still provides a grown male figure for them. Khamla also cares for her brother's children when needed.

Yet, caregiving is not restricted to children. Phanchanii is a married 45-year old woman who weaves in her own house. She now cares for her

unmarried 33-year old brother because their father cannot take care of him any longer. A “gangster” hit her brother on the head some years back but he did not go to a doctor even though it is likely he suffered a brain injury. A CAT scan (computerized axial tomography) was negative. Two years after the injury he started to get very weak. The doctors now advise him to have traditional medicine treatment three times a week. Panchanii’s grown sons have to hold her brother while he toilets. He can feed himself. He weighs only 30 kilos (66 pounds) but used to weigh 70 kilos (154 pounds). Panchanii’s brother used to work in the forest, cutting wood. He has no savings. He is dependent on her now for his care.

There are no nursing homes, old people’s homes, or assisted living facilities in Laos. An elderly parent is the responsibility of the family but often still fulfills a vital role. She watches children when the adults are at work and she watches the houses against burglars. Mai’s mother jokes she is the “security guard” for the family compound where three of her five daughters live with their families. Her eyesight is too poor to weave the fine silk threads but she still *pan lots* (winds bobbins) for daughters and nieces who weave.

It is not common for an elderly person to be abandoned. However, there is a woman who begs on the sidewalk in downtown Vientiane. She cannot speak or move much of one side of her body but acknowledges questions with a different sound for no or yes as well as wave her good hand in front of her body for a no. She appears almost blind by the way she moves her head to use one eye (the other is completely



cloudy in appearance). Her hearing is acute. She scoots forward onto the hot pavement when she hears someone pause in their walking. She has no family. She is 53-years old and has lived on the street for five years. When a Japanese woman puts money in her bowl, she quickly scoops the bill into a bag around her neck. Where is the respect for the years she has lived and the people who she has undoubtedly given care to when they were younger?

### **Conclusion**

The reader now has a good sense of what it is like to live Lao. Most Lao have adequate provisions to sustain life. The social reproduction of health, however, includes more than just biological survival. Common Lao practices, based on practical knowledge, provide not just for basic needs of all, but for the needs of those less capable such as the elderly, the ill and injured, and the children. With a few exceptions such as the blind destitute woman on the downtown sidewalk, Lao provide for nonproductive members of households. Lao have marshaled resources to redistribute those essentials to other individuals so that a way of life continues. The degree to which this is done in households and in society at large will be more apparent in the next chapter on social relationships.

Assessing common daily processes, objects, and knowledge shows what social support is and does in Lao society. Instrumental social support is evident when Khamla cooks rice for other members in the household, Phanchanii provides care for her disabled brother, or Khamla's practical treatment of Nii's baby's burn.

Social influence, as a second factor that affects health, is visible as well. My descriptions of daily processes reveal common knowledge by Lao about cleanliness. It also shows that for most Lao, this social influence is dictated by how similar their capacity is to obtain resources. A good example is Lao concern for cleanliness related to hygiene and to health. Lao conceptualizations of cleanliness and ideals of health related to water were described in the Lao Medical Culture chapters. This chapter described related practices such as Lao not drinking well water because they know it is not potable but still using it to brush teeth and wash vegetables. A Westerner “knows” not to brush her teeth or eat food under these circumstances. Lao practical knowledge does not include the information that bleach kills bacteria or viruses that could compromise health. This knowledge deficit is because they lack education. Most Lao lack economic resources to have furthered their education.

The shortfall in practical knowledge also relates to not affording bleach. Higher-income Lao families who are educated abroad or exposed to Western precepts of hygiene brush their teeth and clean their food with bottled water. Then again, the average Lao person may know this information and either cannot afford the bleach or has experience to the contrary and so disregards the information. They follow what they see their own circle of friends and relatives do. What others do and think mediates health (Berkman and Glass 2000:146).

Khamla knows well how to increase her resources or use them differently to the benefit of herself and those living in her household. Obviously, her weaving skill has been a productive means that helps her household economically. Khamla and her

neighbors also obtain free firewood from the neighbor's furniture manufacturing business which, of course, is important to have to cook food. Khamla methodically improved her house. These altered living conditions helped maintain health, i.e., decreased risk of mosquito bites because of window screens as well as made daily living easier, i.e., piped in water from a main water hydrant rather than carrying it or piping it into the house from the well.

Descriptions of activities also reveal how everyday living skills are shared by members of households and passed on to succeeding generations. Girls as young as six years of age know how to make sticky rice just from watching. These are people who still build their own homes and help relatives or friends do the same. Lao know how to kill the live chicken and clean it so it can be eaten. Khamla, like most Lao, has no oven or stove top to cook food. She starts a fire at least and usually twice a day, and cooks many dishes on one surface. She efficiently uses the tools she has available. Her children know how to do these tasks also and have done so for her when she was laid up in bed with a bad back for several weeks.

Descriptions of Lao everyday activities make them, on one hand, distinct elements but it also encourages viewing the components as a whole field. These practical actions are features by which we can visibly see health be created, maintained, and perpetuated. An essential companion to practice is social relationships because they are enacted through everyday practices.

## **Chapter 7**

### **Supportive Lao Social Relations:**

#### ***Bo Poudio, Kamlang Jai, Samaa, Maad Khen and Bacii Sou Khuan***

### **Introduction**

Social relationships are paramount to Lao well-being. The previous chapter describes material resources and activities of daily living. Social relationships are actualized through these practical actions. In this chapter, I focus on social relationships as a primary resource for the creation, maintenance, and reproduction of health. I describe Lao conceptualization of family and kin. I explore the meaning and use of friendships in Lao society. I describe *kamlang jai*, which epitomizes core values such as helpfulness and the ideal of not being alone (*bo poudio*). I describe *maad khen* and *bacii sou khuan*, specific activities that secure and integrate individuals in their social worlds. These rituals of social integration and the interactions of individuals illustrate important elements of social networks that lead to social reproduction.

### **Relatedness**

#### **Family and Relatives**

People perceive similarities between themselves and others based on shared matter and values and they enact moral obligations and responsibilities as a consequence. Michael Peletz (1995:364-365) describes research of how gay and lesbian individuals, single people, the elderly, and reproductive technologies create families out of choice. Kaja Finkler (2001:236) points out that people identify “significant same” people as family or kin.

Most of lowland Lao society defines relatives and family as individuals related by marriage and descent. These relationships provide security for living. One can rely on kin for physical care, emotional sustenance, advice, and financial security. A person turns first to her family and relatives for help and companionship. She knows the same people will reciprocate. People also receive acceptance and approval from their relatives. Relatives and family are the most important people in a Lao individual's life.

Pierre Bourdieu (1998) views the family as a reality that transcends its members. The household is a stable and continuing point that members rely on as permanence. Relationships within this domestic field trust and give outside exchanges in a market sense. Activities in this realm have use value. For example, social labor is embodied in child care but its value is not as apparent as it would be if it were exchanged for another commodity (Murray 1979:361).

Lao define family as persons living in the same house. Khamla tells me I am family "because you live here, in this house; Jhoy [her son] is family, Jhoy [her niece] is family, you are family." Living in Khamla's household and being part of its everyday activities also makes me a relative. There is room in the classification system, as there is in most cultures, for fictive kin. Five-year old Jenny corrects her mother, Mai, about my name after only two months of knowing me. Mai said they were going to see Bouathong (my Lao name), to which Jenny proclaimed, "No, no, not Bouathong. She is Aunt Bouathong!", which gave me a different standing in the entire kin group. This is the little girl that stands behind me on the chair while I am

typing fieldnotes. Her arms are wrapped around my neck, jabbering as only five-year olds can, asking me questions I can barely understand. I do, however, catch “*Paa Bouathong*” (Aunt Bouathong) every few words or so. I just say *jao* (yes) at the right break in the rhythm...and she continues her banter. It is not just this small child who refers to me as kin. Khamla’s son begins to call me *Mei* (mother) Bouathong after a few months. He says he has two mothers now.

Scholars raise concerns of whether a person is part of a household if he does not live under the same roof or contribute to the economy of the group, socialize the children, or share food. We can address this issue by concentrating on activity because “we do not see groups or people function: we see them act” (Wilk and Netting 1984:5). However, this does not mean that personal interaction and emotional ties of people can be ignored. The household cannot be isolated from the symbolic concepts that have constructed family, home, household, and relatedness. It is through commitment to the concept of family that people bind themselves to the material and informational relations needed for the household’s well-being (Rapp 1979:177 in Netting, Wilk and Arnould 1984:xxi). Still, the household is a sufficiently universal category that it may be used for analytical and cross-cultural comparison (Netting, Wilk and Arnould 1984:xix). It serves as a focus for studying the elements that are crucial for the social reproduction of health.

Since family is often associated with the concept of household, it is important to address the term as an analytical unit. Most people in most societies live in households that are simultaneously a dwelling unit, a unit of economic cooperation,

and an entity where reproduction and socialization of children occurs (Kunstadter 1984:300). Households are a fundamental social unit where food preparation, eating, shelter, socializing, teaching, decisionmaking and sharing of resources take place. Households are the “next biggest thing on a social map after the individual” (Hammel 1984:40-41).

Khamla’s siblings in Vang Vieng Sai are *piinong* (relatives) and are the people she relies on for major assistance. They helped build her house three years ago; they dug the hole for the septic tank, mixed the cement and poured the foundation, stacked the bricks for the walls, placed the metal as the roof, and framed windows and doors. Even Khamla’s children, who were 15 and 16 at the time helped. This same type of assistance is provided when Khamla’s neighbor starts to build a “modern” house on the adjacent lot. The oldest daughter and her husband come from the Sam Neua area, in a province several days bus trip north of Vientiane, to help stack bricks and carry buckets of sand by hand. Many individuals travel to another area in Laos during harvest to help immediate family *keio kawl* (cut the rice).

Khamla also considers persons related by marriage and biology to her younger brother’s wife as her relatives. These are Mai’s five sisters and their husbands, her two brothers and their wives, and all the offspring. Most of these in-law relatives live in Ban Phonhong, a 10-minute drive from Khamla’s house. Three of the sisters and their families live at the family compound that has three houses when I first visit. Mai’s parents split their time living in Vientiane with these daughters and in the same village as Khamla’s siblings where one other daughter and two sons live. By the time

I leave Laos, two more houses are built by the men during weekends and holidays on the five-acre lot. Khamla is included in their special occasions. When Khamla sponsors a ceremony herself, she asks this kin to assist with its labor.

Mai, Khamla's sister-in-law, visits at least once and sometimes twice a week. Her children, ages five, eleven, and thirteen, often stay overnight or for several days, especially during school holidays. While visiting, Mai embroiders a Hmong story cloth while Khamla weaves. The children watch television or play outside with neighborhood children. It is easier for Mai to come to Khamla's house because she has a motorcycle whereas Khamla needs to take a tuk-tuk or the bus the five miles to Mai's house. After lunching together, the two women lie on the floor in the living space, talking and eventually, napping for an hour.

### **Relatives as Resources**

Many weaving arrangements in Vientiane include teenage women who live with and work for an aunt or an older sister. Their parents and siblings live in villages days distant from the city. The older woman, usually in her fifties or sixties but sometimes in her late thirties, manages the weaving product. She buys the silk for the young women to weave, directs what to make, gives technical advice, and then sells the product. She provides food and a place for the weavers to live. She generally chaperones the young women. Such arrangements start with several nieces weaving and extend to their friends from the countryside. She may end up with ten young women working like this. Usually, these young women send money home from their earnings.



One of Khamla's nieces, a young woman twenty-two years of age, lives with us for six months. She weaves outside the house, under the roof eaves. She also works the evening shift at a hotel in the downtown area of Vientiane and usually sleeps there after work because the local buses quit running at 7:00 PM. She returns to the house about 7:00 AM, naps for a few hours, and then weaves for several hours. She leaves again for the hotel a few hours after lunch. Khamla, however, does not manage Jhoy's work nor sell it. Jhoy shares the cooking and general house chores. Khamla is a good resource for this young woman.

Many Lao understand the value of kinship, especially with those relatives who fled the country after the current communist-socialist government took control. Most Lao in Vientiane have a family member living in America. These expatriates often return to Laos on an annual basis to visit relatives or for major events such as weddings. Overseas Lao send prescription medicines back to family members because the quality of these medications is trusted. However, relations can be a problem. Lao living in other countries are expected to give money to their relatives in Laos. The ties work in other ways. Lao men return to Laos for brides if their westernized spouses are not compliant. These arrangements, however, are opportunity for young women in Laos to emigrate to what they perceive will be a better life.

Less than one month after my move into Khamla's house, her daughter Mannily emigrated to America under the guarantee of her father who lives there. Khamla is very despondent that she let Mannily go because the father told her she

would be stupid otherwise. This is an opportunity, not only for the daughter but perhaps for Khamla to join Mannily in the future. I visit Mannily in America when I return home. Mannily sends several hundred dollars back to her mother on a monthly basis. This now supports Khamla who no longer weaves because of back pain.

### **Sociality**

Men gather each morning at local open-front restaurants, places run by families at the front of their houses, a few tables and chairs available for people to eat hot noodle soup or drink a cup of coffee or tea. Dr. Khamla (a male Lao friend I met in Vientiane in 2002) tells me the men talk about their families, the neighborhood, and general events in society and the world. Women gather on a mat between their houses in the afternoon for an hour or so rather than at public areas. One day, Nii calls across the vacant lot because there is a woman giving pedicures and manicures. Women, with supplies in a plastic basket, walk from house to house. The cost is 50 cents. As the women squat or sit on the house steps waiting our turn, the talk is of babies, weather, food, and families.

Dalounny explains “you need a friend. I mean you need a friend to talk to you. Like a lot of times we say, we think like *nung hua high song puan die* (your head off two friends die together). At least you won’t be alone. It is even better to be with someone. That is why a lot of Lao people, if you are going on a trip, don’t go by themselves” (Phonsounny 2006:personal communication). Charles Carroll (2006) and his wife encounter the obligations of her Lao family relations when they sightsee in Thailand. Instead of one extra person in their travel party (his wife’s biological

mother), three additional people joined them—his wife’s stepfather, his wife’s biological mother’s sister, and this woman’s sister-in-law. Family relations are important and enduring in Lao society.

### **Childhood Friendships**

Lao demonstrate great fondness for childhood friends. An old man at a wedding ceremony in Vang Vieng Sai, excitedly asks for his picture to be taken with his childhood friend. They do not know about a digital camera and are delighted when they are able to immediately see their picture.

I attend a *bacii sou khuan* (a special ritual I write about later in this chapter) for Mr. Keonakhone, who is leaving for several years to study for his Ph. D. in Thailand. Mr. Keonakhone proudly introduces his “childhood friend”. It is obvious, with one arm thrown over the other’s shoulders, these grown men cherish their friendships.

Lao use sibling terms for a friend for which they have affection. Dr. Sommay addresses me as *euay* (older sister) and signs her emails as *nung sao* (younger sister). This custom depends on the personality of the person and the nature of the association. Just as common is regarding oneself as a parent when a good friend has a child. Noy is excited one morning in February because she now “has a daughter!”

### **Friends Help Friends get Jobs**

Most of the weavers in group settings are there because their friend started working at the place before them. One young woman at the Nikone weaving workshop sits facing her best friend after she arranged with the owner to hire the girl.

Boun's sister's friend told her about the weaving workshop where she works during a visit home several days travel to the north. When Boun came to Vientiane, she did not have to demonstrate how well she could weave because "they [the owners] believe me when I tell them I can do this level of weaving and because of where I am from", but also because the friend worked there.

Employers do not advertise jobs in newspapers in Vientiane although Western organizations do so in the English and French language Vientiane Times and sometimes the Lao language newspapers. However, most Lao do not read newspapers. People rely on relatives and friends to find work. Certain sectors such as some government positions or privately owned companies give jobs to sons or daughters of friends, whether the person is qualified for the job or not.

### **Friends and Emotional Support**

Unrelated weavers that work together in larger production settings use each other for social support, although it is not likely to be for household practical assistance or major issues. Younger weavers help each other with difficult designs, one young woman picking the threads up in the proper order to create the pattern for the other weaver. Weavers ask another's advice on colors of threads for the warp. Assistance is mostly informational, appraisal, and emotional support in the workplace. Some of this relates directly to health. Several weavers at Phaeng Mai have had an illness in which they asked Viengkham or the Mei Thao what to do. An owner at another weaving establishment arranged for one of her weavers with a life-threatening cancer to have the necessary surgery in Thailand. Many of the workers at

the high-end weaving workshops are from different parts of the country. They talk about their home villages, their sweethearts, and their childhoods.

Noy's case illustrates the line between supportive listening and advise. On the far side of the room full of looms, Noy talks to another woman, appearing distressed. They talk for about twenty minutes before she begins weaving for the day. It is not long into the interview with her before she asks if I have medicine for her female health problem. She has foul-smelling vaginal discharge, itching, and pain despite numerous trips to the physician at the hospital. A physician has never treated her husband for any disease. Her husband beats her, takes the money she earns, and is having an affair. He yells at her if she does not go straight home from work. Yet, she will not leave him because "who will take care of me when I am ill"? Her relatives live far away. This relational demand affects her physical health and obviously, her overall well-being. Yet, social regulation is strong that she continues the marriage. Lao divorce but it is most common for the man to leave the relationship. Many men stay married and have girlfriends. As bad as her home life is described, Noy has emotional support from co-workers and guaranteed peaceful hours when she is at work.

### **Friends and Money**

Some people "help" others at work by a money-saving scheme called *khao houay* or *linn houay*. The word *khao* means entering or gathering. The word *linn* means to play. The word *houay* means lottery. Young Lao women describe this activity as "helping". They also acknowledge that they participate as a way to save

money because it earns 10 percent interest rather than 2 percent at the bank. Here is how khao houay works. Usually 10 people each give a set amount of money to one of the people in the group. That person then has a large amount of money to use. The group does this every month for a different person. Each person who has already had the total sum begins to pay back to one person each month the set amount with interest. The person who waits the longest to get the large sum of money also then gets the largest amount of total dollars because of the interest that accrues.<sup>26</sup>

Pao and Souk (research assistants) do not play khao houay because it is too risky in that one must trust that the people in the pool of investors will not default on their payment. This money-making scheme existed in Laos before the 1975 revolution when there was no lottery system in the country except for illegal participation in a lottery based in Thailand. Now, selling lottery tickets is legal and under the control of the Ministry of Finance. On almost any evening, a person can buy a lottery ticket from a vendor selling on the sidewalk. Khao houay is not part of the government's lottery system and is technically illegal. Traders and businessmen participate in the practice to make faster money as do some of these weavers with whom I talk. It illustrates how people working together rely on financial sources that are not available to them through more conventional familial routes. One woman tells me she does khao houay to pay for medical expenses, another tells me she does khao houay to buy a new television and stereo for her son that complains his family does not have these conveniences. Each of these people could save the money by themselves but they say they will use it if they have it in their house.<sup>27</sup> The scheme

helps them to each have a large amount of cash at their disposal as in the case of one person who needs it in a hurry or the last person who waits the longest time for enumeration but gains the most money from the interest. Obligations of social relationships often stimulate the practice because “if a friend comes to them [for money], they could not say, ‘Oh, I don’t have any money to help you.’”

### **Neighbors**

Neighbors give each other practical assistance. Assistance may include significant life events as when a neighbor lady helps with the birth of Nii’s baby. Khamla’s knowledge of what plant to use on the baby’s burn three months later is of similar value. Rarely do neighbors share food. Most people work hard just to feed themselves. There is not the same obligation as that of kin and long time friends.

Yet, Lam Nye’s qualities are her safety net for a life with little other buffer against the vicissitudes of life and has endeared her to her neighbors. Her life has been hard. Lam Nye’s mother died when she was six months old. Her father remarried and had more children. One of her sisters threw her as a baby in a hole for garbage because she cried alot. Lam Nye’s face reveals a scar across her forehead on the bridge of her nose and many keloids (burn scars from the garbage hole). She was 15-years old when her father died. Her stepmother remarried, had two more children and so then there were a total of nine children before this mother died. At this point, Lam Nye took care of all these children. She moved to Vientiane 16 years ago, unmarried and 48 years old, because a man convinced her she could more easily sell her weaving. She married a man but he soon died. Her current husband and she have

no children. They do not have much money and live in a bamboo and wood structure with a hard-packed dirt floor, covered with a corrugated metal roof that slants to the back of the building. The “house” is only eight feet by ten feet in size with a curtained sleeping area. Rain is collected for drinking water and presented as “*tammasat*.” She lives close to a dirt-sand road, near a corner where her “niece” has a typical noodle-type restaurant. She has no telephone.

People trust this woman, know she is helpful, and enjoy her company. They help her and her husband build a new house during my fieldwork. She is not really alone during the day while her husband is at work because as one neighbor said “all of us love Lam Nye.”



Photo 4: Weaver Lam Nye (56 years old).



### **Able and Less Able Persons**

Less-abled persons reveal the importance of individual will, the benefit of assistance no matter how small or brief, the impact of absent or present societal infrastructure, and the value of family and kin. In most Lao cases, the family adequately copes with the needs of a member as is visible in care of the elderly. Yet, disabled individuals perhaps reflect, most acutely, a society's capacity for maintaining and perpetuating an overall scheme of well-being. They also illustrate well the power of individual and collective agency.

### **Elderly People**

Most elderly are cared for by family and kin. This is not to say all elderly or disabled have this safety net yet it is rare when it is not in place. An elderly couple live near Khamla with their grown children. They sit outside a lot. The old man cannot walk but drags his body along the dirt to get back to the entrance of the house. He also uses a PVC pipe as a cane to prop himself up. It is obvious that he must depend on others to cook for him, perhaps even to feed him and provide his basic hygiene. The fact that older people are addressed as grandmother and grandfather, even if there is no kin relationship, acknowledges the work they have done already in their lives.

### **A Mentally-Ill Man**

There is no facility to house mentally-ill persons and in fact, treatment is close to being non-existent for individuals with clinical medical conditions (Bertrand and Choulamany (2002: 80). Any one who spends any amount of

time in downtown Vientiane sees, seemingly oblivious to the traffic, the barefoot, tall, thin, unkempt man who walks with a distinctive hitch to his stride by the right foot that is arched and turned inward. He walks, talks to himself, and flails his arms. According to Dr. Kongsap, he is schizophrenic but is no menace to other people. His family shelters him at night and provides food for him but he walks the three miles to and from the downtown area every day. The sun is hot. The asphalt pavement is hot. He walks without shoes or hat. He receives basic care from his family and the general population accommodates his abnormal behavior, if only by ignoring him.

### **Two Physically Disabled Men: Mr. Jantha and Mr. Tutaa**

Mr. Jantha and Mr. Tutaa are *kohn pii khans* (disabled persons) who earn their own livelihood. They have marginal kin networks and are examples of individual will, the value of even just a little assistance, and coping in a society with minimal state resources for less-abled persons.

Mr. Jantha is a 55-year old man who sells envelopes, letter paper, cigarettes, lighters, pens, chewing gum, and candies in front of the main downtown post office six days a week. He makes less than \$3.00 a day from which he has to subtract the cost of supplies. He sits in a hand-operated tricycle that has a center lever he pushes to make the wheels move. His legs are twisted and very thin. His strength in his arms facilitates his being able to unfolds a large red umbrella, inserting the pole into a holder on his vehicle. He shifts his weight frequently, propping his body up with his arms. He has

had sores on his buttocks in the past that took a long time to heal. His hands are callused but he also has broken, red areas that are painful. He has a glycerin cream to put on them but he has no gloves to wear.

Mr. Jantha lives at Mahosot hospital which is a few blocks away. He does not pay any rent to live there but he must cook his own food. He has no family other than a niece who sometimes visits him with her children. They live in Sayaboury province, a 5-6 hour bus trip distant. He never married and has no children.

Mr. Jantha's injury happened during the war 35 years ago. He was running away from a falling bomb when the fragments of its explosion hit him in the back. Mr. Jantha came to Vientiane in 1992 because the head of his village sent him, telling him the government would take care of him. He thinks the village authority just wanted to get rid of him.

Mr. Tutaa is a 65-year old man who repairs shoes, sitting on dirt under trees opposite the downtown bus station. In front of him is a blue plastic tarp folded into a two-foot by two-foot square where he sets shoes. One wooden crutch lies on the dirt. His right leg twists from the knee down caused by a bullet shot by a French soldier that shattered the knee bone when he was 22 years old. A scar one and one quarter inches long is visible at the knee, apparently from the removal of the bullet. Doctors wanted to fix the knee but his parents were afraid he would die. He went to Thailand to a refugee camp

but because his parents were still in Laos, he did not emigrate to the United States like some of his friends did. He came back to Laos 10 years ago.

Mr. Tutaa's wife left him years ago. He has two children in southern Laos but he does not know them. He lives with a niece, a grown woman without a husband but with children. There are twelve people in the household. Sometimes he comes to work hungry because there is not enough rice to eat. Twelve kilos of rice is not enough to feed all of them. He feels very lonely when he is hungry. He comes here by local bus from Ban Jansovan, about .10 kilometers away. He does not have to pay bus fare because he is disabled. He helps the bus driver though by calling out the window to let people know the bus is leaving.

Some days he has no shoes to repair. He charges only 30 cents a pair to repair the shoes. Other shops charge \$1.00 a pair. Some people steal his shoes and then he has to pay the customer \$5.00 for the lost shoes. Today is a good day because he had already made \$1.00 and it is still morning time. He uses his feet as a vice to hold the shoes as he repairs them. Another disabled man repairing shoes in Ban Nongbouathong had his wife leave him but his work provides enough income to "support my children," who he is raising.

Mr. Tutaa says the police do not like him. They tell him he cannot set up a table in this area yet the police allow others to do so. Mr. Tutaa feels that the police discriminate even though he feels he is being a good citizen. He does not smoke or drink. He goes to sleep early to save his energy for the

next day. He never gets sick. “I take care of my life. I want to live on my own.”

He thinks most people see him as a real person although some think he is lazy. They think he does nothing but “I am not a beggar. I am working. I take care of myself.” A woman selling pumpkin with coconut stopped and sold him a bag. The two of them talked. He told her he did not have money and she told him to pay 20 cents. He told her he had a \$2.00 but he needed to keep it to which she replied “that is okay. You give me 10 cents then.” He does not talk to the people in his village alot but if he goes to a funeral or some other activity, everyone treats him as a member of the village.

#### **Mr. Som: A More-than-Capable Less Abled Person**

Mr. Somkhunanta Souvanthalisith, a representative of the LDPA (Lao Disabled People’s Association),<sup>28</sup> explains how difficult it is to fulfill his capableness in Laos. He is 41-years old, married, and mentions one child although he may have more. Mr. Som has been in a wheelchair because of polio he contracted when he was one year old.

There is no legislation protecting disabled people. This is not surprising because the legal system in Laos is just beginning to receive development attention. Discrimination in education and employment is illustrated poignantly by the fact that the NUOL Dong Dok (National University of Laos) still does not accept disabled students. It is not a written

policy but even though it is 2004, the situation is the same as it was during

Mr. Som's life. He shares how:

it was hard to go to school. When I was a young boy, my parents tell me, 'you don't need to study. We will always take care of you until you die'. I ask them, who will die first? You or me? They cannot answer to me. I see all my friends go to primary school. I want to go. I am seven years old then. I crawl to the school and ask the teacher. She is very kind. I say I want to study and she says yes, you can. I just crawl to school, I not have a machine yet to use [he references the wheelchair]. When at school break, I go to the NRC [National Rehabilitation Center]. Then I get crutches and orthotics and so I can walk to secondary school three kilometers. I get up early and walk in the morning, go to school and then walk home. I get home very late. It is a long day. Sometimes my friends help, pick me up by bicycle. There is no problem to study at school. They don't mind but when I finish high school in 1983, then the problem. After high school, they send me for vocational Municipality Institute for accounting for one year and six months. They ask me there 'how come you study here?', you are disabled. It is a long course, how come you study here'? I tell them I want to and since they have no reason I cannot study there I get to study there. When I finish there is a problem. I have to practice at Lang Xeng Hotel on the third floor as a practicum. There is no elevator there then. I have to climb the stairs. A maid and a waiter help me. I do this for one month. At the end, the Institute will not give me a certificate. They tell me I fail. I ask why? They just say to me 'you fail, we cannot give you a certificate'. I go to the Ministry of Education and all my friends that went to school with me go with me. There are two hundred of us and I ask there why I do not get certificate. So then I get certificate but the man writes on it that the Ministry give the certificate only because it is policy, so I cannot get a job because of this. I feel hopeless.

He could speak, read, and write English by 1993 because "the American woman with the baby tied on her back would say hello when she rode past on her bicycle and then she started to teach several of us at the Rehabilitation Center." Thereafter, Mr. Som put a sign in front of his own house advertising English lessons. Thirty children showed up the first day,

then only 10 children came the second day and by the third day, only five students continued. He believes their parents would not let them come back once they found out he was in a wheelchair. The five students who continued became translators and work in international organizations now.

In 1993 he read in the newspaper that the Ministry of Justice needed three English teachers at the school of law. He was one of three selected out of 45 applicants. Yet, the Ministry did not hire him because the law school is on the second floor. He felt hopeless again. Mr. Som got a call from the American who was head of the law project sponsored by SIDA (Swedish International Development Agency). He wanted Mr. Som to be his assistant. Mr. Som ended up teaching the head of the Ministry who originally refused him the job.

He stopped teaching after three years to go to Australia on an Australian Embassy scholarship to study community development. He went for one and a half years, leaving behind his wife and three-month old son. When he came back in 1999, he worked for Handicap International until 2002 when he took this current job.

Mr. Som knows much about the status of disabled people in Laos and what their lives are like. Many families in rural areas hide the person. There is physical neglect because the family has to go to the field and “it takes time away from farm work” to care for the disabled person.

## **Blind People**

It is not uncommon to see blind people begging in Vientiane. Blind people are often accompanied by a child or another adult who acts as a guide. Lao responded differently with some individuals ignoring the blind person begging until he moves on. Some Lao would tell him to go. Others would put the equivalent of five cents in the bowl. Some Lao advised to give money and some say not to because it encourages the practice to continue. Buddhist thought and belief in merit supports the practice of giving. However, not all blind people live by begging.

More and more blind people are being trained as masseuses. Mrs. Kongkeio became blind after she was educated in Russia. She only knows that a damaged nerve is the cause. She works with the Lao Disabled Association based in Vientiane that finds blind people that want training. People learn massage therapy for two years at the business she operates and then provide the service in their hometowns.

She started this business and school because she does not think blind people should be at the market area begging. The young blind people do not pay her anything to learn. The massage business charges \$2.50 an hour. She pays each person 70 cents per massage and then uses the other \$1.80 for the cost of room and board. Some days, six people come for massages, some days 16 come, and some days there will be 20 customers. Some patrons come every day, some come two times a week, and some come once a month.



One young man providing a massage is paid by his customer who puts the money in his hand and tells him how much is there. He asks the next customer how much money is in the pile. This customer tells him what denomination bills are which in the pile. Some of the bills go into the masseur's wallet and some into his pocket. Money is the same size, varied by color so the worker depends on the honesty of the client.

Varied measures of ableness, at an individual level and a societal structure, are evident in these vignettes. In most Lao cases, families adequately cope with needs of a member who does not have the same production capacity as most adults. Yet, families must plan for the eventuality of an aging person's fragility or must cope with disabling illnesses or injuries as well as discrimination that prevent people from being productive. How society facilitates or hinders that functioning, and in the case of people with minimal capability, cares for and supports the disabled person, illustrates its capacity for social reproduction, not just survival.

### **Core Values and Social Support Rituals**

#### **Helpfulness and Togetherness: *Bo Poudio* and *Souey Jhao***

Family and relatives help each other manually for major endeavors such as house building and rice harvesting but a desire to be helpful is prevalent in everyday actions and interactions of people. A common phrase is "*khoy souey jhao*" (I help you). One example is the 16-year old girl next door who washes the dishes even though she has not eaten with Khamla. Another example is when Khamla buys

(although Nii gives her money) what a neighbor needs at the market since she cannot go so soon after giving birth. Much to the consternation of Westerners teaching in Laos, students “help” each other take exams. One young Lao woman took the university entrance exam for a friend because the friend wanted so badly to be a teacher. Lao welcome hands that lighten a task, but a person’s company is just as valued. Lao inclination to be in each other’s company contributes to a sense of belonging and commitment to each other.

The Lao characteristic of helpfulness and preference for company ensures appraisal, emotional, informational, and instrumental social support (Berkman and Glass 2000:144-146). Grandmother May tells me “when we live together it is warm.” She continues explaining she is

very happy when I come from Vang Vieng Sai and everybody live here. Because when I come here I want to see all the children, happy together and help each other...help together if person I this house is sick but they have no car so they have to use the car of the other house and talk to them and take to the hospital or sometime they consult together. If someone is sick in the family they would tell their siblings or their relatives to consult the other relatives what to decide to do.

One of her grown daughters becomes very ill during my fieldwork. The sick woman comes from Vang Vieng Sai with symptoms of leptospirosis or possibly hanta pulmonary syndrome. Although the final diagnosis remains unknown, the cause of the illness is exposure to rat droppings. This is a crisis for the family. May’s relatives make a lot of visits to the hospital. Khamla’s son drives her to the hospital multiple nights after he gets home from work. At one point, there is discussion by the family about sending the sick woman

to Thailand for medical care. To everyone's relief, the woman recovers to everyone's relief.

Lao have concern for persons who are "*poudio*" (alone). Repeatedly, people tell me it is good I live with Khamla or she would be alone, once her daughter has emigrated to America. Her son still lives in the house but Khamla explains he is a male and is not expected to stay at the house or explain where he is at his age. He helps around the house but he does not give Khamla any money. She does not know if he will come home for dinner or even to sleep. Having someone live with Khamla is about her having company, even if it is a child.

Lao lend children to relatives and sometimes to good friends. The youngest daughter of Khamla's oldest brother comes to live with Khamla. Phu is six years old and decides, as Khamla explains, to "stay so she can help Aunt Khamla, so I will not be alone". There are advantages for the child. School here provides an education that is usually better than in her village. Khamla has more disposable income than her parents. Khamla buys Phu a new backpack, school supplies, and a uniform. The child sees new things in the city, rides tuk-tuks and local buses, becomes familiar with Khamla's brother's in-laws, rides the mini ferris wheel, and goes to get ice cream at the western-style restaurant. These contacts and broadened experiences prepare her to move in a different realm than the rural village of her birth. Khamla has extra hands to wash dishes, chatter that amuses her while she weaves, and the comfort of a child who snuggles with her while watching television. Phu will know this aunt well as she matures. Each is a resource for the other for any uncertain times.

Each is a person with whom to share, emotionally and materially, life markers such as weddings, births, childcare, and funerals, as well as economic opportunities. Phu will learn to weave from this aunt and have the connection to a successful international weaving business, Phaeng Mai.

Giving children to another person, especially a relative, is common in Laos. This practice is part of people's memories as well. Sixty-six-year old May Phipackhavong's father's second wife adopted children. This woman had no children of her own and her sister had many children. Her sister was still alive but May's step-mother

can take the children to take care of her when they grow up. These children think of the new mother as their mother. They know it is not the mother that births them but they still live with the new mother. When this woman came to live with my father, she left the adopted children back with the birth mother. After my father die, she go back to her children again.

However, there is an increase of homeless children in Vientiane, some orphans, others abandoned by parents. Years ago, Buddhist monks took in orphaned boys but this does not occur as readily today, at least in urban areas. Now, homeless children beg on the streets. At present, an expatriate in Vientiane provides an evening meal for any child that comes to his home. Phet talked with some of these homeless boys. Their fathers brought them to Vientiane from the countryside. The parents told them to wait but then never came back. An orphanage run by Catholic nuns exists in Vientiane. Recently, an international agency set up an organization for homeless children. The increase in street children illustrates the power of broader forces and

weakened points in societal structures. These children are vulnerable to human trafficking and possible sexual predation.

### **Providing Care and Support through *Kamlang Jai***

Sixty-eight year old *Mei Thao* (grandmother or literally translated as mother old) had a reputation for being, before her vision failed, an excellent weaver and business woman. She emphasizes the importance of family for being healthy. “My son comes to me. He says how is your battery? Is it low or not? If it is low, we need to charge it.” People stay healthy

...because of *kamlang jai*, if people do then it makes them [the recipient] warm, gives me comfort, keeps me comfortable and enough food ... older people will live longer and younger people will live longer also because they do these things. ...to never have disagreements, children and relatives, this is also part of *kamlang jai*. ...come to talk, and show they love them, also make sure eat enough food.

A simple translation for this Lao phrase is to encourage. Some people say *hai kamlang jai* which has a literal translation of “give power heart.” *Kamlang* means strength, power, force, energy, sinew, capacity, resources. *Jai* means heart<sup>29</sup>. The Lao wife of a colleague provides an example of this concept. She gives *kamlang jai* to a person who is sick to make her feel better when that individual says “I don’t think I will be well, I don’t think I will make it,” and she replies, “yes, you are going to make it, you will be better, don’t worry” (Carroll and Phonsounny 2005:personal communication). *Kamlang jai* is also when “you bring me an orange Bouathong, this is giving *kamlang jai*”. Fruit at this point is a symbol of caring at the same time that it provides sustenance.

The concept represents core relational values Lao, particularly for the elderly and those held dear in their hearts, regard as important. There is great respect for the older person in Lao society, regardless of kin relatedness, depicted by the *wop* (hand motion in front of the chest, face, or forehead), by deference to their advice, concern for their welfare, and acknowledgement of their life work, be that rice farmer or bureaucrat. The Mei Thao's explanation describes not just behavior but the heart place of the person. The adjective "warm" is used as a descriptive of how a person feels positively in response to another's attention. Benefits are there for both recipient and giver. The elderly see and feel there is still a "place" in family and society for them even though their contribution is less dynamic in the material sense of garnering money or providing labor. Their use value alters but is still viable in the social group, be that family or society. *Kamlang jai* provides physical care as well as the conveyance of hearts that care. Both types of attention contribute cognitive and behavioral support vital for well-being.

### **Showing Respect and Rendering an Apology: the Ritual of *Samaa***

Construction and nurturance of the social hierarchy occurs through the ritual *samaa* which recognizes and honors elders. Lao conduct this ceremony of apology and respect toward elders who reciprocate with forgiveness and integration of the younger person. A primary setting for the activity is during weddings when the bride presents textiles to the parents of her new husband and to his relatives. The perpetuation of exchange continues, after marriage, during the Lao New Year celebration<sup>30</sup> (Lefferts 1992a:73-76). A Lao friend demonstrates *samaa* when she

pours water over the hands of her mother-in-law, a woman in her 70s. The old woman smiles warmly when Minavanh tells her why she has come. Minavanh kneels on the floor in front of the woman, placing the silver ritual bowl on the woman's lap. Small yellow blossoms float on an inch of water in the bowl. The Mei Tu places her hands loosely together, palms flat and facing upward as Minavanh pours water from a glass over the woman's hands into the bowl beneath. Minavanh smiles at the woman in a loving manner. Minivanh also gives her a weaving, following the tradition began at her wedding to this woman's son as she "asks for forgiveness from the old people of what we have done wrong to them during the year that has passed. It is also to show them that we care for them." (Pholsena 2005:personal communication)

### **Comfort and Protection: The Practice of *Maad Khen***

It is common to see Lao people with thin white strings tied around one or both wrists. This is the practice of *maad khen*. The strings secure a person's *khuan* (soul or vital essence) in the body. In the process of *maad khen*, recipient and doer experience significant demonstration of care, respect, regard, and protection.

The practice can be a private interaction between just two people as when Khamla pulls me by my arms to sit on the bed beside her before I travel to the United States for my father's funeral. Strings need to be put on my wrists so my *khuan* go to America. I position my right hand, flat palm open, in front of my chin, about two inches away from my face with the other hand open and the arm extended. Khamla brushes the string outward across my open palm chanting, "*hai khuat nii, hai khuat nii, hai khuat nii*" (bad things outside) and then reverses the action so the string

brushes towards the body saying “*dii khuat khao, dii khuat khao, dii khuat khao*” (good things inside). She ties the string around my wrist from below with a knot on the inner aspect of my wrist. The knot she rolls between her thumb and forefinger while she tells me to travel safely, to not be sad, and to return. I switch hands and the same motions and chant ensues. She tells me she wishes the same protection for my mother and siblings also. The ritual takes perhaps 10 minutes but the time is full of emotion. This is visible in her face, felt in mine, and experienced between us by body energy. I feel protected. I feel care. The strings should be worn for at least three days and nights, but they stay on until they fall off six weeks later and I have returned to Laos.

The practice occurs during a sad family gathering. One week after the funeral for the elderly husband of Khamla’s sister in Vang Vieng Sai, there is a *maad khen* for the widow at Mai’s sisters’ family compound in Vientiane. There are at least 30 people present, all relatives.

As the ritual begins, the gathering looks like a *sou khuan*. Those present refer to it as a *maad khen* for Noy. Everyone crowds into the space where we gather. Someone places the low rattan table in the center of the room. A small cooked pig’s head sits on the table surrounded by small bananas, hard-boiled chicken eggs, a small rice basket, and foil-wrapped wafer cookies bought from a store. There are pieces of the cooked pig cut into small chunks yet still discernable as haunch, intestines, tail, etc. The men sit on one side of this table and the women on the other. Small children are present.



Grandfather begins chanting and at the second round, Grandmother joins in. She is sitting behind and to his side. Their progeny nod their heads and smile at hearing her support his chanting in a quarter-note round. Money is placed on top of uncooked rice in a bowl. The amount varies. Some people place \$5.00 or \$10.00 in the bowl for Noy. By this point, some people are crying. The 20-year olds, who have been preparing food or watching through the open door or windows, come into the room to tie strings on the woman's wrists. The strings cover at least two inches of her arm. People tie strings on each other but particularly on the grandparents and the smaller children. Wishes for the widow are that she be healthy, that she not be too sad, for encouragement in life, and reminders that she has all these people around her now. The ritual is to keep her emotionally stable, and as she grieves and her role changes, to keep her khuan in place. Her relatives coach her how to conduct herself, showing her know they love her and that they want her to adjust successfully so she continues as a responsible and contributing adult to the group.

This is a different affair than other gatherings by its sadness but also by how it is such a private family affair. The bonding and reinforcing of ties between these people is powerful. All appear so present in their hearts and minds. They are a grieving family but one that embraces an attitude and action of moving on with life.

Few Lao have health or death insurance but a maad khen provides a financial cushion with the money given to the recipient. Interestingly, a prominent billboard in Vientiane shows Assurances Generale Insurance du Laos (AIG) advertising for life, health, and car insurance. It uses the photograph of an adult hand reaching to a

child's hand with the familiar strings of *maad khien* visible around each of the wrists. This company understands the Lao customer and associates their product with this important traditional cultural practice that protects the person from loss of *khuan*, reinforces relationships, and seeks to restore a sense of well-being.



Photo 5: Billboard at the junction of Nongbone and Sisangvone Roads, Vientiane.

### **The Ultimate Lao Ritual of Support: the *Sou Khuan***

A correlate ritual that has wider recognition outside Lao society is the *sou khuan*<sup>31</sup> ceremony (see Ngaosyvath 1990). Its primary purpose is to assure that the natural order of things is in balance across Lao cosmological and social dimensions. It serves prophylactic and restorative functions in Lao society, strengthening bodily as well as spiritual and social equilibrium for well-being (Whittaker 2000:53). The *sou*

*khuan* strengthens social relationships, integrates individuals in the community, wards off illness or injury, restores an individual's health, provides blessings to people, and demonstrates respect to the elderly and the accomplished. This ritual is the embodiment of health maintenance, creation, and reproduction in Lao society.

It takes relationships to conduct a *sou khuan*. Khamla contacts her relatives in Vang Vieng Sai two weeks before Mannily is to leave for America. The three of us travel four hours to this village by the local bus. It is a long, noisy, hot ride of four hours which can sometimes take longer. We arrive around two o'clock in the afternoon. We walk down a dirt alley between houses, glimpses of weaving looms evident through unscreened windows. Women inside recognize Khamla and shout hello. We stop about one hundred yards down the road at Khamla's older sister's house and her older brother's house that sit across from each other.

Within an hour of our arrival, several of the assembled women depart to Vang Vieng market twenty miles further north on main highway Road 13. Other women begin preparing food for cooking. Young men in their twenties assist as well. One of Mannily's aunts sits on the floor, making knots in white string that is grouped together in small centimeter-wide bunches. She anchors the six-inch long string pieces between her big and second toe while she ties three knots in the string.<sup>32</sup>

This evening, a *sou khuan* happens in Mannily's honor and for her benefit. At least 50 people crowd into the downstairs living space of Khamla's older sister's house. Khamla's brother-in-law brings in a cooked chicken on a metal tray. The tray has a lace cloth draped on it. On the tray, in addition to the chicken, are shotglasses

of whiskey, uncooked rice in a small bowl, hardboiled chicken eggs, and an empty silver bowl like the ones used to carry alms to the *Wat*. These are set onto a small wicker table in the center of the floor, women and men sitting around it, divided by sex. Children are brought to the front of the circle to be able to touch the table as Mannily, Khamla, and Khamla's older sister do.

*Pha khuan* or *pha back* are usually on the table. This is a centerpiece shaped as a conical structure. It varies in size and elaborateness, made of fresh banana leaves and flowers. Inserted into this plant arrangement is a lighted "victory" candle, symbolizing triumph over bad fortune. Four-inch lengths of white strings with three knots (to represent the three refuges of Buddhism) drape from the pyramidal structure. Around the *pha khuan* are hard-boiled chicken eggs symbolizing vitality and spiritual rebirth, uncooked glutinous rice, bananas, balls of cooked rice, alcohol, and a boiled chicken. The *pha khuan*'s beauty intends to please the *khuan*. The food items are enticements for the *khuan* to come home. The food also has meaning as offerings to spirits to release the *khuan*. The *pha khuan* symbolizes renewed wholeness and integration within the ceremony (Ngaosyvathn 1990:293-294).

Scholarly explanations and descriptions of the ritual (Ngaosyvathn 1990, Van Esterik 1992, Whittaker 2000) do not mention the reality of people living in villages who do not have enough time and little money to provide the normal ritual object of a *pha khuan*. There is no centerpiece tonight other than the tray-table with the necessary chicken, eggs, rice, and alcohol. The absence of the flowery centerpiece illustrates how people make do. People may talk about the *pha khuan* beauty and

who brought it to the gathering but it is the social interaction that matters in the ritual conducted for Mannily.

One of the older men closest to the tray-table signals he will begin. He is an uncle to Mannily, although relatedness is not a requirement for the role he performs. A *mo phone* or *mo khuan* (ritual expert) calls the khuan and secures it in the person. The expert is usually an elder or is well-versed in the formulaic mix of Pali and Lao chants and calls. The inclusion of Buddhist prayers and the involvement of indigenous spirits reflect the syncretistic nature of the ritual in lowland Lao. Since almost all men have been at one time ordained as monks, they are familiar with these renderings. Women are not *mo phones* in lowland Lao society. The same is not true in similar rituals conducted in minorities who do not practice Buddhism (Ngaosyvathn 1990:293-295; Whittaker 2000:52-53).

The *mo phone* chants about health, good luck, and America. He chants for twenty minutes while everyone leans forward enough to touch the table. People sitting behind this inner circle touch the bodies in front, on the elbow or on the back. Then people place money in the silver bowl which is given to Mannily. The *mo phone* hands Mannily some chicken, cooked liver, and a ball of cooked sticky rice. The women close to the tray then give similar portions of the food to everyone else. Adults make a point of giving small balls of rice and chicken to the three girls under the age of five who sit close to the tray the whole time. After Mannily has eaten this small portion of food, the *ma phone* ties the white strings onto Mannily's wrists and onto the wrists of her mother, Khamla.

All sou khuan ceremonies involve the calling of the khuan, the fastening of it to the body with strings tied around the wrists, and the participation of friends and family to support the person. Phii or spirits release the khuan so it can be reunited with the body. Lao believe the wrist strings should stay on for at least three days and three nights. Traditional adherents leave the strings in place on their wrists until they fall off naturally. The wishes for good fortune, good health, and longevity exchanged express desire for each others' successful endeavors and well-being (Ngaosyvathn 1990:293-298).

Everyone scoots together to tie strings on the wrists of Mannily and Khamla. By the time this is done, Mannily's wrists have a three inch band of white strings on them. Each person wishes the person they maad khen good luck, good health, many children (especially said at weddings), much money, and safe travels. Mannily ties strings on the *mo phone*'s wrists and then her other aunts and uncles.

After everyone gives their blessings to Mannily, the tray centerpiece disappears and women lay on the floor a long piece of printed plastic about 14 feet long and 6 feet wide. The men sit around it. Other women sit at a second piece of plastic or around several traditional Lao low-to-the-ground rattan tray-tables. Women of all ages, but mostly the ones in their twenties, place many dishes of food before those sitting. There is plenty of food but all of it, except for the baskets of cooked sticky rice, is green! I realize most of this food is from the forest. There is no meat. Just as there is no flowery centerpiece, there is no excess money for special foods.

The evening celebration continues with alcohol. Khamla's older sister brings out a pottery jar one foot high and one foot in diameter. In it is *lao lao* (homemade rice whiskey which I sample through a long hollow bamboo straw. It is smooth and good but I limit my intake to a few sips. Beer is cheap in Laos at 30 cents a quart bottle, at least the country's own brand Beer Lao. The people Mannily's age gather in the kitchen area of the house. There is loud laughter and singing from the area. Eventually, Mannily joins the adults again where rounds of toasting ensue.

A few days before Mannily leaves for America, Khamla conducts a *sou khuan* in Vientiane for Mannily. This one is in the morning. More than 200 people are present. Some of the same relatives from Vang Vieng Sai travel by bus to Vientiane for this *sou khuan*. They help, as do close neighbors, to prepare food, build a large *pha khuan*, knock apart and take down Mannily's loom in the living space to make room for the gathering, and clean dishes afterwards.

Lao conduct a *sou khuan* at significant times during the life cycle such as marriage, pregnancy, births, ordination, other new social status, and travel from or return to family and community after a long absence. An individual who suffers an injury or who is ill also requires a *sou khuan*. In these cases, the *khuan* must be located and returned to the body before the person will regain health. Primary action is to secure the *khuan* (vital essence) to the body so that the body is in balance. *Khuan* may be present in the person but participants might be fearful that it may flee due to stress that would then result in illness.

A sou khuan is conducted by parents for sons before they join their future wives at her house for the marriage ceremony that includes another sou khuan. The sou khuan has additional elements during a wedding where bride and groom honor parents and grandparents. There will be two pha khuan and the newly married couple join hands between these centerpieces with the mo phon residing. Some wedding celebrations occur only at people's homes but may have over four hundred people attend. There is music provided by live bands and dancing. Other ceremonies, people who are rich by the average Lao standard, sponsor elaborate dinner receptions at restaurants for over five-hundred guests. The latest status symbol for Lao elite is to hold the reception in the newly constructed trade and convention center with western-style tiered wedding cakes.

Ceremonies performed for the elderly ensure a longer life. The one held for Mai's mother is an intimate affair. It is not elaborate in food or time it takes for the ritual. There is no flower centerpiece and grandfather serves as the ritual expert. Grandmother has not been feeling well and the family decides to conduct the sou khuan to "encourage her and secure her place still among the living." Mr. Goi and his siblings gave a sou khuan for his parents several years ago. The sou khuan included immediate family members, relatives, friends, and non-Lao whom Goi knows from his teaching contacts. The grown children, with their children beside and behind them, are on their knees at one point during the ritual, bowing in unison to the elderly couple. Another time in the ritual, at a certain moment during the chant, a few people



throw uncooked rice across the group of people. Goi's father died two years after this event but his mother is healthy and strong.

It takes people, time, and money to put on a sou khuan. There are the practical actions of planning, notifying others of the event, borrowing dishes, arranging for the ritual expert, paying for his services, buying food, preparing it, and washing the dishes afterwards. These activities require money that the sponsor either saves or borrows from family members. These tasks require bodies to do the work of preparing the food, serving it, and cleaning up afterward the event.

The primary concern of the sou khuan is more than spiritual and therapeutic cleansing purposes or the strengthening or restoration of khuan for the individual person. The ceremony requires participation by family, friends, associates, and neighbors. The individual is "tied into her relationships with kin and friends, with the ancestors and supernatural beings.... There is "a knot of multiple relationships" (Whittaker 2000:53) that secure the porous openings of the body. Caretaking of the soul by community entails social acceptance and results in social integration. The ritual affirms the participants' solidarity. In that sense, the sou khuan maintains or recreates the psychosocial equilibrium of the family and the community (Ngaosyvathn 1990:289; Van Esterik 1992:71).



Photo 6: Madd khen and Sou Khuan for Mr. Keonakhone.

### Conclusion

The most important resource for the social reproduction of health in lowland Lao society is social relationships. In particular, individuals afford primacy to kin and family when investing energy, providing material goods, offering advice, responding to requests, and creating obligations. Social support is visible in the everyday. Even though people may work outside the home or be gone during the day for school, it is domestic relationships that matter most. Relatives and family can be counted on for social support, influence, and social participation.

Lao sociableness is a quality of relationships that extends beyond family and kin. The strength of friendships and the role of neighbors generate well-being. They

do so by the health mediating ways of social support, influence, and participation. Lao provide practical assistance to each other by washing a neighbor's dishes, participate in loaning money schemes, advise what to do for a health issue, assist with delivering a baby, or help a friend get a job or take a school exam for them. This societal quality is seen even with casual acquaintances and strangers. Yet, it is important to understand that these interactions only go so far. Ultimate reliance for daily demands of life is on one's family.

Family and relatives are the social capital (Bourdieu 1986:242-258) that is made up of a personal asset of connections that are better able to use resources although they have concomitant social obligation. It is also social capital that is more of a collective asset in which actors are able to secure benefits because they belong to certain social networks. This social capital is both the benefit itself and the ability of the actors to secure the benefit (Alejandro Portes 1998 in DeGroot and Tadeally 2001:3). The social reproduction of health depends on social capital as it is found in social relationships. Yet, a resource is also something held or used, such as food that supplies sufficient calories for the body or the energy exerted to build a house. Khamla's connections to her sister-in-law's family, her employment with Phaeng Mai, and her ability to weave are social capital, although the latter surely also provides her economic capital.

Friendships are important in Lao society but have limitations in terms of capital. Friends get friends jobs, but just because you have friends does not mean you have access to the capital those friends possess (Degroot and Tadehally 2001:3). Not

everyone feels obligated to loan money to a friend although it is hard to defer a request. Most friendships recognize a limitation on obligation. Technical help during weaving or even taking a friend's school exam are permitted. Providing a listening ear to a friend's woes is within the realm of relationships. Yet, social capital in Lao society is still based on familial and blood relatedness when it comes to assuring well-being. It is the capital that is used directly to get something or is the safeguard against a "rainy day".

Another means of socially reproducing health is the practice of not being alone. Lao inclination for togetherness encourages people to be helpful to each other. There is a better chance of positive outcomes than of negative if a person has other people willing to assist in life's chores. Negative outcomes are less likely if there is someone to help provide for basic necessities or ease loneliness or countless other stressors of living. The Lao concept of *bo poudio*, or "not be alone," reveals Lao understanding of human nature. It is an ideal that is often voiced with the effort to avoid being alone.

The capacity of a society to reproduce itself means it must have enough productive individuals to provide for those persons who are not able to care for others and possibly not even themselves, e.g. infants and elderly. This capacity includes not just the economic measure (Meillassoux 1981) but also a space for less-capable people in society, a tolerance for individuals who are not productive and for people who are physically or behaviorally different from the majority. This aspect which examines capacity for ethical and moral values is part of the social reproduction of

health. Individuals have some obligation to the elderly since it is they who ensured current adults' survival. And there is obligation to children who are the future providers. Yet, a disabled person can require additional resources of labor for caregiving or emotional and mental demand to deal with behavior beyond the societal norm. If there is little or no tolerance, perhaps productive adults are so strained by demands for their own survival that there is little patience for persons looking and acting outside the norm. Ethical and moral elements of the social reproduction of health need further consideration by scholars.

The importance of social relationships for well-being is visible in Lao rituals in which social hierarchy is reinforced, life events are marked, and social participation is reinforced. Rituals and practices unique to Lao society embody how social relationships create, maintain, and perpetuate the social reproduction of health. The giving of a material object or rendering of an inquiry of concern of *kamlang jai* illustrates reverence that is felt for older people and provides a vehicle by which that is demonstrated. The ritual of *samaa* water washing does the same but also provides a return expression of forgiveness that reinforces a social hierarchy. *Maad khen* shows caring and provides protection. The *sou khuan* exemplifies how health is socially reproduced through social relationships, material goods, ideology, and ritual. This ritual is the epitome of Lao well-being. To understand how health comes to be in Lao society, one must understand the *sou khuan* ritual. It, and practices like *kamlang jai*, *samaa*, and *maad khen*, are cultural resources from which spring Lao well-being.

## Chapter 8

### Women Weaving Well-being (I): Cloth in Social Reproduction

“The reality is that one still can hear the clack of loom beaters and the whirl of spinning wheels. These sounds are like music [that] continually serenade[s] all part[s] of the land”

(Boungyavong:2001a:25)

#### Introduction

Handwoven cloth in Laos is more than just a piece of fabric hung on a wall or an article of clothing. It embodies what happens in people’s lives. As women weave textiles, so do they shape the well-being of their families. Their weaving is more than a technical skill and more than just a job; they weave for more than just cash. They produce and reproduce households in the process. Handweaving exemplifies the social reproduction of health in Lao society because it facilitates and represents to the Lao being *sabaai*.

Prior chapters have examined health as it is socially reproduced through beliefs, practices and interactions typical of Lao life. This chapter examines handweaving as a distinct means by which women socially reproduce health in Laos. Handweaving produces textiles to be sold or bartered to assure clothing, medicine, shelter, and food. Roles and social values, such as helpfulness, regard for nature, respect for elderly, and warmth for another person, that Lao hold essential for health and well-being are found in and perpetuated through the production of hand woven textiles.

The acquisition, utilization, and maintenance of necessities that sustain life require a “cushion of customs and social relations” (Janzen 2006:1). Janzen (2006)

argues health happens not just by technical and behavioral means but as an outcome of a whole “package of social, political, and cultural issues” that need to be brought together.

The social reproduction of health perspective assesses who has the knowledge and skills to marshal needed resources and to promote a way of life. When we look at weavers in Laos, we see the “resource keepers” (Wallman 1979, Cheal 1989:11-22 in Wilk 1989:12) weaving the “fabric of health” (Janzen 2002). The weaver makes, maintains, and perpetuates well-being by making a material object that secures basic necessities. Yet, there is far more going on here than just money earned and money spent. Practices valued by Lao are part of handweaving. Weaving requires industriousness and is compatible with togetherness, another value Lao regard as essential for successful living.

Interviews with over 53 people, involved in the weaving industry as well as an additional 20 persons of various occupations, reveal that although weaving is a job, it also has social meaning within the context of everyday lives. Weaving is a skill as important in Lao society as steaming sticky rice. It is a powerful source of social capital for the social reproduction of health.

Traditionally, a woman’s skill in making a handwoven textile provided her power and status in society. The change in methods of production within the past twenty years has not altered that recognition. Weaving bestows gender approval, reinforces social relationships, secures money for necessities as well as conveniences, and educates her children. This latter has become criteria for the success of the

youngest generation. Women weavers, as “culture carriers” (Bounyavong 2001a:2), create and reproduce a Lao way of life.

Lao textile scholars are aware of the context and social meaning of handwoven fabric in Lao society. H. Leedom Lefferts, Jr. (1992a, 1992b, 1994) and Mattibelle Gittenger (1992, 2004), Patricia Naeman Cheeseman (2004), Mary F. Connors (1996), Carol Ireson-Doolittle (1996), Carol Ireson-Doolittle and Geraldine Moreno-Black 2004), and Douangdeuane Bounyavong (2001a, 2001b, 2001c) have studied how textiles are made and used, detailing specific weaving techniques, explaining motifs and patterns, tracing historical associations and changes, and examining social significance of weaving in the lives of Lao and Thai people. The social context of weaving includes how handwoven fabric reinforces relationships, the use of textiles for shamanic and Buddhist practice that include healing ceremonies, and the use of handwoven textile in clothing. These scholars approach the social meaning of Lao woven cloth by focusing on “women who weave their lives, hopes, and aspirations into textiles” (Connors 1996:12). I build on these scholars’ expertise to reframe the description of what these women are doing as weaving well-being.

Lao people phrase this concept in several ways. One weaver who talked with other weavers about the idea, shares “*tam hou ngum dii mii haeng jai les kaay*” which she translated in English as “weaving a beautiful cloth nourishes both the mental and physical” (Nanthavouangsy 2007:personal communication). A literal translation is “beautiful weaving has strength of mind and body” (Johnston 2007:personal



communication). Two other Lao women, one a weaver and one who is not, provided “*khao yuu dii gin dii khong puning tam hou*” (Phonsounny 2007:personal communication, Vonglokhham 2007:personal communication) which translates as well-being of women weavers. Weaver Dalouny (Phounsounny 2007:personal communication) clarifies that “*khao yuu dii gin dii*” means to have “a good life” and adds “you know it is that they [the women weavers] don’t have to fight or struggle for things for life.” Concepts of strength, livelihood, emotional heart, the mind, and the body are found in these Lao phrases and reinforce that well-being is embodied in Lao textiles.

### **Cloth and the Embodiment of Life and World**

Handwoven textiles in Lao society “embody social meanings” (Lefferts 1992a: 59). The activity and the product of handweaving help to define social roles by both gender and age. Handweaving also depicts and teaches core values of mutual participation, companionship, and industriousness that Lao regard as essential for well-being and which are taught in proverbs and stories.

Anthropologist and textile expert H. Leedom Lefferts (1992a:59) emphasizes the “context and meanings” of Tai/Lao (the term Tai also refers to Lao textiles because of historical geographical and linguistic association) textiles “beyond clothing people”. He delineates textiles as 1) defining division of labor, 2) signaling changes in status, 3) signaling liminal periods in rites of passage, and 4) commemorating important occasions (Lefferts 1992a:59). Lefferts reminds us that textiles define gender in costumes everywhere in the world, yet in Tai/Lao society the

ways that the fabric is conceived, produced and presented, not just worn, associates the cloth with greater importance and impact (Lefferts 1992a:59). Textiles define organization and social differences, articulate relationships, and “comprise fundamental statement of meaning of the household and women’s role” (Lefferts 1992a:59).

### **Exchange and Identity in Weaving**

Lao people wear clothing cut from yardage made by automated machines and use machine-made articles such as towels, backpacks, curtains, and umbrellas.

Women still weave to provide cloth for practical purposes, however. There are many uses for handwoven textiles ranging from Buddhist temple and gravesite banners to cloth that wraps palm-leaf Buddhist manuscripts to coffin cloths to an all-purpose cloth *phaa taalo*. Handwoven textiles are head-wrappers. They are scarves draped on the neck and shoulders of both men and women as ritual garments. They are used as door curtains, pillows, baby carriers which also double as body warmers, and the *sin*, or female tubular skirt which holds particular significance in Lao culture.

Many years ago women supplied the household’s needs for cloth by weaving the items. Domestic textiles were a “household marker and indicator of expertise and time available to the household’s weavers” (Lefferts 1992b:228). Although women as well as men were, and still are in rural areas of Laos, intensely involved in rice growing and harvesting, the time a female has to weave reflects who else is available for labor to grow rice, plant vegetables, forage for plants, and hunt or fish to feed the household.

Looms are visible under houses where even the “simplest cloth is public knowledge in the village” (Lefferts 1992a:69). A female weaver who shows her skill also demonstrates a “proper mark of self-discipline” (Lefferts 1992a:69) by her visible industriousness. A young unmarried woman accumulates handwoven cloth at these looms with which she will establish a new home. Once married, she weaves textiles for her own daughters and blood relatives (Lefferts 1992a:72-73). She weaves the baby cloth that wraps and holds the child to her chest, leaving her arms free for chores. She weaves the cloth that wraps her own head when she is out in the hot sun, working in the field. She weaves the cloth, dyes it indigo blue, and sews the garment that her husband wears in the field that protects his skin from the harsh sun and inevitable scratches or cuts from plants. She weaves the curtain that provides privacy for sleeping areas in the house. Sii Pann, a 62-year old weaver, remembers when “we weave for wearing, not to sell.” Yet, weaving for domestic use is still practiced today. Before a young weaver in her twenties moved from a rural village to Vientiane a few years ago “weaving was just for the family.”

The use of handwoven textiles extends beyond its function of modesty, warmth, and protection. Lao people define themselves through their textiles (Lefferts 1992b: 193, Van Esterik: 1999:47-48) and how handweaving “lubricates their social contacts” (Janzen 2007:personal communication). People everywhere in the world are identified by clothing they wear or use, by its color (e.g., saffron colored robes identify a Buddhist monk), style, and pattern. Mattiebelle Gittenger and H. Leedom Lefferts, Jr. detail in *Textiles and the Tai Experience in Southeast Asia* (1992) how

textiles define class, age, and gender in Tai peoples. They write of textiles “in the service of” kings, Buddhism, ancestors, social hierarchy, and self. Clothing in particular is one element of what Terence Turner called the “social skin” (Lefferts 1992b:193, Turner 1980:112).

### **Textiles as Self**

Social skin is interpreted in American English as an expression of self whereas for Lao people, social skin is self. Selfhood and social skin is directly the same. Children come to understand modesty and gender decorum “because they see their friends doing it [dressing and acting a certain way]” (Lefferts `1992b:193) as opposed to adults insisting to a child to cover up. As the child matures, the cloth covering the body and how various articles are used become internalized components of the person. Lao people include hair, skin color, body composition, decoration, and deportment as social skin (Lefferts 1992b:193).

The distinctive Lao female skirt, which is called a *sin*, exemplifies how Lao textiles are conceptualized as one’s own skin and one’s own self. People reference sections of the *sin* as body parts. The definitive upper piece that emphasizes the hip area is called the *hua* (head) but so also is the waistband. The main portion of the skirt is the *tua* (body) and the lower attached edge is the *tin* (foot). Lao/Thai textile expert Patricia Cheeseman (2004:103) notes the correlation people make for parts of the *sin* with the body, adding how, in the past, the color and pattern of the waistband indicated marital status and place of origin. This fact should be useful for ethnic identity when tracing a textile except that owners usually remove the original

waistband if the skirt is sold. This is done because the waistband is considered very private. In the wrong hands, it is believed that “black magic could be performed on such personal items of clothing” (Cheeseman 2004:103).

A sin passes from one generation to another. Viengkham, who co-owns a prosperous weaving business, tells me “a mother’s beautiful old woven *sin* will pass to the daughter or closer people in the family.” Traditionally, a sin had no waistband or darts to fit a specific body. Now the “daughter gets taller than her mother’s size, so they have to change the waist band to be bigger [wider] to fit their height.”

Viengkham tells me the *sin* made from less expensive silk or the commercial imported cotton batik may be given to “someone less fortunate.” A sin worn during pregnancy or at time of birthing is given to a family member or another woman of equal affection who is pregnant. If the original owner of the sin worn during childbirth easily delivered her child then it is thought the same will be true for the recipient of the sin. The opposite is true. The sin should not be given away if the childbirth was difficult because the new mother would “follow her way” (Nanthavongdouangsy July 2006:personal communication).

Another example of how deeply embedded Lao handwoven textiles are in the Lao body is when some women speak of “dreaming” a handwoven piece. The ability to create new design has always been part of Lao handweaving. Older women tell of competitions in the old days, not just how fast someone could weave but the beauty, uniqueness, and originality of the pieces created. Royalty of old bestowed medals on these women, coins that could be pinned to their blouses. Weavers discuss how to

transform new ideas into the warp and the heddle. One day at Phaeng Mai, I saw music notes woven into one textile and a fact simile of an electrocardiogram into another fabric. These pieces were special orders from an American. The designs were actually quite simple compared to most Lao patterns. Graph paper and even computer software sometime aid Lao design visualizations but the idea comes from the person. The weaver transfers that inner visual image to the design and technique of weaving. Souk's aunt, who specializes in weaving the tin (lower band or what is known as the foot of the sin), pictures the design in her head and then creates the pattern within the floating heddle, often incorporating gold and silver threads from France into the silk. She satisfies her own aesthetic desires but meets the increasingly astute demands of domestic and global markets. A European man meets with Viengkham, one of the owners of Phaeng Mai, who sketches on graph paper and then shows him on a loom, how to create a pattern in the heddle. At an intellectual level, one grasps what she demonstrates yet it is not until a person sits at the loom and weaves that a person can truly comprehend the intricacies of Lao weaving techniques and much more. Then Khontong's "everyday I weave because weaving is a part of my life. I was born to weave." has a deeper meaning. The man appreciates the weaving but his intellectual analysis misses what the Lao know in their very being.

### **The Generations**

An essential element of social reproduction is the perpetuation of skills and knowledge and resources. As women teach their daughters to weave, they provide the means to obtain life's necessities. They also pass on values that are a recipe for

living well. Daughters learn to weave primarily from their mothers. These mothers' mothers passed the skill from one generation to another. A young weaver studies a piece of cloth with an intricate design and carefully raises warp threads, sometimes one, sometimes two threads at a time, to duplicate the pattern that is generations old. Sixty-five year old Sii Paan teaches "we must not make a new pattern because it would not be beautiful. We need to use the old from years ago." Kongthong says that "old weavers never die; they live on through the fabrics."

Weaving is an activity for young eyes, yet as vision diminishes there is still a need for the grandmother's help to spin the silk, to wind the bobbins, and to provide ancestral knowledge on design and technique. She also watches children while younger women weave. Mai's mother still weaves the *phaa taalo* (cotton all-purpose cloth sometimes used as a hand towel or as a wrap around grandfather after he takes his shower). The Mei Tu (grandmother), stooped over from years also spent in the rice fields, walks between the looms with a presence that approves and thereby encourages the weaving she sees. Mei Tu's daughters and granddaughters weave because she carried the skill forward to succeeding generations just as her grandmother did.



Photo 7: Preparing bobbins. (Photo by Mitushiro Iwassa)

The young learn, first and foremost, by watching. Many years are spent just observing, a learning a child may not even be aware occurs. The child may use the loom as a gym set, swinging from the upper crossbeams and balancing spread legs across the width of the loom when the warp is not in place. She watches countless broken threads tied and many designs take shape in the woven piece of cloth. Girls begin to weave between the ages of eight and 15 years, although Khontong sat at her first warp at the age of six and Viengkham, her sister, began actively weaving at eight years. Mai's 12-year old daughter ties broken warp threads for me after I start weaving. Her five-year-old sister, Jenny, alerts me to potential mistakes when I



change the string heddle before it is time to do so. They help me as well by correcting my spoken Lao!



Photo 8: Five year old Jenny watches her mother Mai repair warp threads eaten by a grasshopper.

Yet not all females (nor males that weave) learn from their mothers directly or necessarily before they are adults. Tam watched a woman in her home village who eventually taught her. Forty-seven year old Phanchaanii learned to weave just two years ago from the woman who owns Kanchanan, one of the high-end weaving enterprises in Vientiane. Khamla's six year old niece Phu, who comes to live with us after Khamla's daughter immigrates to America, will learn from Khamla. Teenage females at Phaeng Mai spinning bobbins may learn to weave there. Khontong says

they can learn once they “get the feel of the silk.” which means not “until they are ready, until they understand the silk.” Another day, Khamla and Jhoy straighten drying silk threads that are looped on a bamboo pole propped between the V of the tree and the corner edge of the cooking shed roof. They yank on the threads as they pick off the small tangled fiber balls on individual strands. Months later I “understand” the strength of the silk threads, am not so afraid of breaking them, and handle it with greater adeptness. Several times, Mei Tu praises my weaving with “*naam lie*” (beautiful). The tension has been kept taut to create straight edges on the cloth and there are no visible errors in the design. Mei Tu’s words are more than the compliment on technique. She expresses approval that I demonstrate what it means to be female in Lao society.

### **Gender and Age**

Handwoven textiles and the practice of weaving are linked to female identity in Laos. This is true even for women who do not weave and may never have learned (Lefferts 1992a:76). Historically, the ability to make household, personal-wear, and ritual cloth determined the maturity and value of a female. This skill still symbolizes maturity for all the reasons it once did, but now the ability also means Mai contributes cash to the household when she “makes sin, make money.”

The traditional female Lao sin (tubular skirt) holds particular significance because it symbolizes femaleness in Lao society. The phrase *kruang mung hom*, meaning things worn below the waist and wrapped above, denotes the power and potential pollution of women’s clothing. This power is codified by the

inappropriateness for a man to walk below a woman's garment hanging on a clothesline. Another example of codification is that the classifier used for any textile, *phuun*, is changed to *thung* once the cloth is made into the woman's skirt. It is the only garment that uses the classifier *thung*. If a sin is cut up and reused as a blouse, it no longer carries the same classifier. In addition, the re-made garment would also never be worn by a male (Lefferts 2004:200).

People reveal, in everyday comments and practice, how important the woman's sin is in Lao culture. Lao men and women frequently give an approving nod toward the sin I wear, or comment to me, "Oh, you wear the sin just like a Lao woman." The sin appears as a base metaphor when Sii Paan tells about traditional and current practices of *maad khien* in which "we have two sins now—the old and the new." He further explains that "now we live with the new sin when people tie money on the wrists along with the string."

The sin is a length of handwoven cloth that has two ends sewn together to create a cylinder. The woman steps into the tube, pulls a section of the top edge to the waist (or sometimes above the breasts) and to one side and then flattens the cloth against the body, holding the excess of the tube fabric at arms' length with a finger to secure the cloth closest to the body together. The excess doubled cloth then folds and wraps to the opposite side of the waist where it is secured by hooks or by tucking the corner of the cloth under the fabric closest to the skin. The shape is straight from waist to hem, resulting in a slim presentation flattering to any female body. Despite the appearance of a slim straight line, the shape provides great flexibility for

movement and modesty. Lao women easily squat flat-footed (in the finest of silk fabric) because the fabric in front unfolds to cover the gap between the knees and thighs. Mai “wears the Lao skirt...am nice”, revealing not only that she maintains propriety but recognition that the article itself helps fulfill expectations of what it means to be female in Lao society.



Photo 9: Khamla (far right) and neighbor women wearing sins.

The skill of weaving also meets gender norms. Twelve-year old Jiap began to weave during my fieldwork. Her initial narrow pieces are made with large crude cotton yarns. Only eight months later, she finishes a beautiful scarf of fine silk threads she wove specifically for me. The expectant look in her eyes as she presents

it to me reveals her excitement in producing such a fine piece. I wear it during the basii sou khuan given for me and credit its creation so that the more than 60 people present will see also that Jiap is indeed becoming a proper Lao female. During the months she is first learning, this youngster is praised by her mother and aunt. Her mother makes a point of weaving at the same time as Jiap so the girl is “not alone at the loom even as other children play outside.” Khamla even trusts Jiap to weave a few centimeters on a complex piece Khamla has on her loom.

Her brother Jeep, older by a year and a few months, learns weaving is a female activity. Jeep wants to weave but his mother will not let him. She tells him that others will laugh at him and think he is a girl. She asks him to *pan lot* (wind the bobbins) instead. Jeep sees other adult males wind bobbins, build looms, and help dye threads. It is doubtful he has seen the few male weavers there are in Laos. He has undoubtedly overheard conversations that refer to male weavers as “*katouey*,” which implies homosexuality or transvestite. He must have some idea, even at the age of 13, what those labels mean, even in a society where there is tolerance and even intrigue in males who dress and act as females. Jeep, however, has definitive male role models in his father, uncles, and older male cousins.

Viengkham, one of the owners of Phaeng Mai, says, “why not?” to a question of whether she would ever employ a male weaver. Viengkham is a business woman, knowledgeable of the male master weaver at a competitor’s business. Yet, it is not strictly business acumen behind her comment. She, her sister, and her mother help people, regardless of sex or age. They do so by hiring older men and women,



providing living space for workers, and advising workers on personal matters. One young weaver consults the Mei Tu at the business if she is sick and cannot get well or asks Kongthong if she needs a small loan of money since her parents live far away.

Twenty-two year old male weaver Yot says men build looms in Lao society, not weave. Several looms are built at Phaeng Mai by the men who on most days dye threads or iron silk pieces woven by the women. Yet, women take apart and put together the loom at Khamla's house when room is needed for a basii sou khuan. Kongthong has never seen a woman make a loom from the beginning but not because they do not know how to do it but because "it is heavy work for women to do." She asks "have you ever seen a woman carpenter?" Kongthong explains that "women even [if] they know how to do, if they are clever enough, they can ask their husbands to do the hardest work for them." Kongthong has attended many meetings about gender (she has a master's degree in education, is fluent in English, and uses the term "gender") where women are

Asking for special treatment ... if we women have special treatment that means men lost the advantage, it will not be equal. Some women try to compete with the men that what men can do women also can do, but please do think of physical way, men built stronger, they can carry 100 kilograms on their back, but women cannot do, we women and men have been born to be different size, so women have to know ourselves what we are good at and select the best thing we can do. At the end of the day, men and women have to live together in this world, so we have to divide the jobs according to each ability and we can live together peacefully. For my opinion: women were born to be nice and beautiful as flowers, so we can select our works to suit with our body, not to do so hard work in order to have our beauty throughout our lives. We can use our brains to win the men's strength and then women can control everything nicely, peacefully and happily

As noted earlier, males or females raise silk worms and grow cotton, dye fibers, spin thread, and provide finishing work on textiles. There is no gender rule for these weaving tasks, only for the actual activity of weaving. Even that expectation has exceptions. It did years and years ago, and it does now. The difference may now be attributed to the economy, but artistic drive is what influences the male master weaver at Carol Cassidy. He is married and has children. He has been a weaver since he was a young man. He tells how images are in his head, even when he is at home. He works them out on a loom at home in the evening. He talks of the design but not of any particular clothing article. Yot, the young male weaver, creates brightly colored striped silk shawls. Gender undoubtedly still governs the *sin*'s creation, despite demands of the market society. Researchers have yet to focus on male weavers in Lao society. Further questions of gender, weaving, and the *sin* in Lao society beg additional inquiry.

Lao textile scholar as well as Lao woman, Douangdeuane Bounyavong (2001a:21) asserts Lao men have no social expectation to preserve culture by wearing traditional clothing as do women. Men began wearing western trousers and shirts one hundred years ago and though females wear pants occasionally and did so a lot during the American presence in Laos in the 1960s, the proper Lao woman wears a skirt, usually the *sin* form of a skirt. Bounyavong (2001a:21) states if Lao women deviate from the norm, they “would be accused of betraying the culture.” The Lao government, after the civil war ended in 1975, issued mandates to reinstate the wearing of the *sin*. However, people regard the *sin* and the handweaving it takes to

make it with great esteem. They do not need the government telling them it matters. Nineteen year old Tamm “like[s] weaving because my mother and grandmother make, they keep how to do the weaving, to make, to save the culture in the family.” Handweaving is certainly reinforced by its current economic value. But acquiring necessities and conveniences requires weaving energetically and devotedly.

### **Industriousness**

Handweaving exemplifies diligence Lao value. Women say it is easy to weave because they have done so for many years. They also share it is important to produce pieces that are of quality, meaning no errors in the design, edges, or size. This expectation extends to a textile’s color and whether different hues blend adequately. The intricate designs require great attention. A person weaving intricate designs “has to be careful with the threads. It is like mathematics.” Young weavers want to “finish nice work.” Weavers are sensitive to the economic value of good weaving as well. Fifty-five year old Thawnchan emphasizes that “selling depends on the quality” of the weaving.

Women take pride in their skill. Lam Nye “cannot read or write but I can design style.” because she “figures out how to do it.” Although silks and other textiles used as gifts may be purchased now rather than woven by the giver, the giving itself is based in the core value of female industriousness. Weaving skill was once considered a “criteria of a worthy woman” and “restored the status of a divorced or widowed woman” (Bounyavong 2001a:11). Traditionally, young men sought females who were known for their weaving skill and because these females were



thought of as not being lazy. Education now competes with the prestige of weaving skill. Young people who have the means to continue their education aspire to work in an office. A female who weaves, however, is still admired and considered to be industrious.

Lao admire a woman who works devotedly and energetically on her weaving. Watching a weaver for a few minutes, it may seem that she moves as though automated, but the weaver is keeping track of the pattern with each throw of the shuttle, change of heddle strings, and pick of warp threads. A woman should not be disturbed when she is weaving. Lao people are careful to minimize their interactions with the weaver unless the weaver gives some indication that an interruption will not bother her. Other people in the household tend children and prepare meals. A man may prepare the evening meal if his wife is weaving.

Women talk as they weave. Yet there is less conversation than one would expect. As women weave, their hands and feet are busy when they listen to questions or comments. They pause in their work though when they respond. They do so for two reasons. They pause so as not to make a mistake in their weaving. They also pause because Lao carefully think before speaking. It is a type of diligence. Lao people exercise caution in what they say. Although Lao, at one time, were not to speak with foreigners, the caution is no longer just because of recent communist history. Conventionally, it is the Lao way.

Valuing industriousness is apparent when I ask about the difference between weaving alone at home and weaving in a group setting. Twenty-six year old Mai sees

her “weaving [in a group setting] is a job responsibility.” At home she wove just when she had time to do so. Nan Jan, another weaver who is 20 years old, says that in a group setting, “it is serious weaving. If there is an order, have to do.” Oh appreciates that she can work all day when employed by someone else. At home, she would also have to do housework as well as sell the article. She knows she would not have as much money as when weaving for someone else.

### **Companionship**

Handweaving activity accommodates Lao preference for another person’s presence. Looms are placed in close proximity in households if the space allows. This is easily done under the traditional Lao house built on stilts. Most looms now are placed in patio space of houses built on foundations. Khamla’s relatives in Ban Vang Vieng Sai have four looms in the patio at the back of the house. This space was purposely planned for the looms as the house was being built. Weavers do not work in isolation. Even at individual homes where there is only one weaver, the loom is usually in the main room of the house where people enter, stay to eat, watch television, and talk.

Group weaving workshops have row after row of looms with just enough room for the weaver to squeeze around the loom to adjust threads. In one sense, the setting is no different from household experiences because women are weaving together. The women often will be related or know each other prior to and outside the employment. They recruit each other. As the business grows, more and more

looms are built, and through each weaver's personal network and a "stray" hiring of someone, the number of people gets larger and there is less relatedness.

Oh thinks, as do other young women in their twenties, that weaving in a group setting is "more fun than alone." Twenty-one year old Keene, who weaves in a small domestic group consisting of five cousins and whose older sister does the selling of the textiles at local venues, has always worked in a group and she likes this because "they stop together." Thirty-eight year old Jouam likes working in a group setting because "at home, I am alone and think too much about my problems and then I am sad. I am still sad here but I can talk to others. Also at home I have to do the housework and would not weave as much." Conversely, other weavers think working alone is okay because one can weave faster. Panchanii weaves at home. There are no other adult women at home. Her husband is a truck driver and gone for one to two weeks at a time. She thinks it is "better to weave at home than with many people. I am not young. The young women do not care about the house. For them, weaving is just about the money." That assessment may well be true. However, even young women, as they weave, are influenced by elements essential to social reproduction such as lessons conveyed in the cloth and those learned during its making.

### **Motifs, Fables, and Proverbs**

Textile patterns provide information and lessons to those who create it as well as any Lao person, regardless if the garment is worn or used. People use sayings, stories, and shapes to express and reinforce ideas and precepts necessary for successful living. In Laos, textiles figure prominently in adages told to younger

people. Design in Lao textiles reinforces lessons related to mandates of life. There are many examples of how color, patterns, and styles reinforce and depict gender, age, and life markers.

Most people recognize the shapes woven in Lao textiles. There are elephants, birds, frogs, monkeys, mountains, temples, and trees, to name a few easily recognizable forms. There are triangles, diamonds, and stripes. These patterns mean something to the Lao people and subtly serve to reinforce important aspects of Lao life. The dominant figure in Lao textiles is the *Naga* (giant river snake). Textile expert, weaver, and business owner, Viengkham Nanthavongdouangsy, writes of how the Naga is “inseparably bound” (2004:10) to the livelihood of Lao people such that weavers use a phrase “Weaving cloth, weaving Nagas.”

The Naga is the legendary ancestor of the Lao-Tai people and is a hero in the *Sin Xay* epic about the Naga prince who assumes human form and marries a human princess. Peoples of the East and Southeast Asia have legends of water serpents with magical powers to which they owe gratitude for protection (Bounyavong 2001c:102).

Water in tropical Southeast Asia is important so it follows that the snake is a water serpent. The Naga has magical powers as heard in a Lao poem that Nanthavongdouangsy (2004:12) cites as

Help me to make water run uphill;  
Help me to bring the boat through the rapids;  
Help me to take the Ngeuk Laeng to crush the mountain.

Motif variations that are based on animist beliefs have the dragon Naga responsible for storms, rains, and droughts. Lao and Thai peoples celebrate the serpent and its

magic on the full moon night of the eleventh lunar month when “fireballs” float on the surface of the Mekong River. These are the rockets of the king serpent of the underwater world. The figure is carved into the prow of boats, especially those used in the boat racing festival *Ork Phansa* when thanks is given to and blessing asked of the river (most commonly in Laos the Mekong River). The Naga motif woven into textiles protects the user from danger (Nanthavongdouangsy 2004:11-12). The color red is associated with the Naga’s crest. People avoid wearing the color red when crossing a river because the Naga “will assume they do not respect him and will teach him [them] a lesson” (Nanthavongdouangsy 2004:12). Nanthavongdouangsy (2004:12) states women do not wear a sin with a red waistband out of respect for the Naga. The propriety of a sin I own that is red and for which I receive many comments from Lao people is clarified when she explains that within Buddhist beliefs, wearing red signifies fealty to the Lord Buddha and portrays wealth and happiness. She tells me to wear a white blouse with it when going to the Wat. She mentions wearing it when attending a wedding is a way to wish for the new couple these same attributes. She also tells me, “or you can be sexy at any time with red!!!”(Nanthavongsouangsy 2006:personal communication)

Another motif common in Lao textile is the bird. Lao like to keep birds in cages, hanging outside a corner of the house. Boungyavong (2001c:108) notes that since “birds can learn to talk human languages, they became companions to unmarried Lao women” as they weave. The colors of their plumage provide inspiration to replicate in textiles. She likens the bird’s ability to fly to “letting go of

frustrated emotion” (Bounyavong 2001c:108) for young weavers. Folk tales describe good relationships between humans and birds, particularly faithfulness between girls and birds that later turn into handsome young men whom the girls marry (Bounyavong 2001c:108).

Weavers insert into textiles motifs mimicking plants, the skies and its contents like the rays of the sun or clouds, river currents, and mountain chains. Weaving these designs reinforce Lao love of and awareness of nature.

Messages are woven into textiles. Mannithong (Vonglokhram 2007:personal communication) “see[s] in the pattern of their product . . . there is a story inside, especially in the past. They weaved by their heart, funny, happy to do it and show how people living in that area (different places in Laos) have a special pattern.”

Proverbs and stories incorporate weaving. It is tempting for a person to sit on the edge or corner of the wood plank bench upon which the weaver sits at the loom. The weaver faces the warp and the visitor either faces the same direction or sideways or backwards. However, the proximity of the non-weaver can block the free movement of throwing the shuttle across the open shed of warp threads. “If the weaving shuttle hits your head, you will not be able to get married.”

Nanthavongsouangsy (2004:40) writes that Lao women and men are patient and accommodating. They refrain from expressing displeasure. The proverb benefits the woman who tries to concentrate on her weaving. It reminds visitors that she must attend to her work and not have distractions of other people, either physically or

through conversation. A young man is careful to sit on a low stool to the side of the loom because of this admonition.

Another saying encourages weavers to finish their work by telling the person “if you sit on the loom with your back to the beater, you will need more weft yarns” (Nanthavongsouangsy 2004:41). The fact is that it takes the same yardage of weft for weaving a particular piece, regardless of speed or duration to finish it. The saying, however, implies that a weaver who does not apply herself to the task at hand is wasteful of time—a euphemism for extra weft yarns.

Mothers tell children who like to play on looms that they may break the threads or that this behavior may result in injury to the child if he or she falls. They are told “if you fall off the loom, you will become a bear, covered with thick fur on your body and have to leave your parents for a forest far away” (Nanthavongsouangsy 2004:36). Mothers also use the same maxim for young daughters new to weaving who become drowsy while working. Here, concern may not be so much that a sleepy weaver might fall over and hurt herself as that she is lazy (Nanthavongsouangsy 2004:36).

The importance of weaving in the culture is evident in how often it is found in stories and songs, and associated with prominent cultural entities such as the Naga. In the story entitled the *Weaving Shuttle of the King's Daughter*, the Naga turns himself into a white cock with a big red crest so that he might watch the beautiful princess, famous for her weaving skills, weave under her house (built on stilts in the traditional Lao style (Nanthavongsouangsy 2004:30-34).

Kongthong tells her personal story or rather that of her mother who “had two sons but she wants daughters and she not have child for five years already. ... at night my mother had a dream to the heaven, ask not for the baby but for the textile to weave. She goes there and sees the textile, then she picks up the indigo shirt and then she gets pregnant with me.”

### **Reinforcing Relationships**

The power of women’s lower garments come from and represents their position as producers and reproducers in society. As women birth children, they reproduce the “essential Tai social system of family and household” (Lefferts 1992b:200). They also produce the textiles which reproduce social categories. The exchange of handwoven cloth secures and reinforces relationships integral to social reproduction. Through these exchanges, Lao convey feelings, signal commitment to each other, and assure support. Giving of cloth is a very important function in Lao society. It conveys relationship. It cements relationships.

Young men still squat by the loom of young women in whom they have an interest. Young weavers used to make shoulder bags to give to young men they want to encourage or they might weave the white cloth and construct a coat-like shirt for them to wear in the rice field. Souk’s parents reminisce about when her mother “sewed flowers, heart, names on handkerchiefs, shirts, bags, pillow cover to give to my dad.” Her mother tells her “yes, we can buy in the market. Yes, if you have the money. You buy in the market and give to them but just remember every man will be so proud of you, they could know that you are a good housewife, patient, reasonable,



cool-minded and lastly, they will remember you when they wear [the item] and see.” Souk wants to know from her father if this is true. He tells Souk it is “definitely true. Your mom gave me a pillow cover. You know, I slept with it everyday. When I think of your mom, I look at it, touch it because at that time, there is no cell phone like now. We are in different provinces, so that was a good way for us.” Souk, with her college education and reflecting the X generation that exists even in Laos, counters his explanation with another question of “how about you? What did you give her?” She finds out that her father gave her mother a sewing machine and that “when it broke, the man who fix it is me.” Souk’s mother explains that this giving of cloth still happens in remote areas. Souk does not know if this type of thing happens in urban Vientiane but it certainly is not a practice among her friends (Chanthavong 2006:personal communication). With the exception of monks, Lao men currently do not use the shoulder bag unless they live in remote villages. Shoulder bags now are sought by tourists as functional mementos and serviceable totes for their journeys.

The small square or rectangular cloth piece known as *phaa maun* (pillow cloth) that Souk’s parents speak of is an example of a handwoven article also used to convey respect. These are often given to guests at weddings (Gittinger 1992:47). Several of these were given to me at the bacii sou khuan held in the village where Khamla’s relatives live. Vientiane people gave scarves but the people in the rural village gave me the small cloth pieces. At the time, I thought the textiles were given to me just because people knew of my interest in textiles. Now I understand that

these cloth gifts followed conventional practices and represented so much more than my original premise.

The marriage of two people, particularly young individuals, signals “cooperative productive and reproductive arrangement under the aegis of their parents and the community” (Lefferts 1992a:73). Throughout the ceremony, textiles figure prominently in decoration as well as in the exchange that occurs. Lao purchase Western bedroom sets and bedspreads and display them during the wedding as symbols of affluence but traditional handwoven textiles still provide the means to convey respect. The marriage ceremony consists of three parts: payment by the groom to the bride’s family for her upbringing, the blessing and tying of white strings on wrists, and the gift of textiles by the bride to her new family. These acts begin to “reconstruct the society in which the couple will participate” (Lefferts 1992a:74-75). The young woman’s gift tells her new relatives that she acknowledges the status distinctions as well as what makes her a member of that kin group (Lefferts 1992a:74-75). Handwoven textiles are presented to parents and grandparents during the ceremonies. At one wedding, silk cloth is touched to the grandparents’ foreheads by the young couple before reverently placed in the elders’ open hands.

Exchange is most focused during the time of Pii Mai (New Year) in mid April when the “world is turned upside down” (Lefferts 1992a:76). Children throw water on adults, including monks. On the third and last day, however, reverence is restored with requests for blessing from elders in exchange for gifts that are given to parents and grandparents. Gifts include money and cloth. Textiles are always a part of Lao

ritual. Textiles are part of everyday exchange. Textiles are always a part of living Lao.

Sixty-five year old Sii Pann recollects weaving cloth, mostly sins, to give to her husband's mother and relatives, at the time prior to and at her marriage. She and her husband tell me, in the course of sharing life histories (individually and collectively), that a woman commonly wove 200 sins for her mother-in-law as wedding gifts. Thereafter, she gave them at least two and sometimes up to 10 sins a year unless told not to do so. Respect, recognition, and apology continue to be given by the couple to elders at other designated times throughout life. Giving these textiles served the couple well, especially during times of need.

During the war, which occupied the first 20 years of Sii Pann's marriage, her husband Bounlemn was a soldier and gone for long periods of time. He returned periodically for two to three months, bringing meat, fish, and forest vegetables but she depended on his relatives to help her with rice planting and harvesting and even giving her food sometimes.

Sii Pann used "sins like money" to pay for the labor of people to grow food for the "children that were born each year." During the times she lived in caves to escape the intense bombing, many women wove on looms inside the caves. Generators supplied light to the back of the caves. Some of those textiles were stored and used to barter for necessities when the war ended and the economy faltered. Even when she worked for the government and her husband worked as an engineer after the war, there was not enough money at times to feed the family. She came

home from working at an office and wove until two in the morning so she could take the sin to the market the next day and sell it to buy food.

Relationships are established with the use of textiles during courting practices and marriage rituals. These bondings produce the next generation necessary to care for those individuals who are less able to be productive. The couple forms a productive unit that is physically able and is committed to support not only themselves but others in the household. Older generational relationships are recognized and strengthened to begin to fill other needs within the household. This takes the form of older adults rendering advice from years of practice or caring for young children while others work to secure basic necessities of living. We see how the female weaver establishes her value in her marriage family, not just by her biological reproductive capability, but by her skill to produce textiles that hold significant use and symbolic value in the society. We see how social hierarchy is reinforced so that ways Lao know to result in successful living are achieved. We are reminded how the work of social reproduction is more than just procreation. It is the work of caring for those individuals already living and establishing a way of life that allows the household and the society to be viable for succeeding generations (Muir 1988; Laslett and Brenner 1989:383; Ginsberg and Rapp 1991:311-314; Robertson, A.F. 1991:25).

### **Conclusion**

Through their weaving, Lao women create the fabric of health in several ways. First, textiles continue to serve religious, social, and daily living purposes for

most all lowland Lao. Lao textiles are used to show respect, convey affection, differentiate roles, reinforce social relationships, and cement obligations. Households are produced and reproduced through use of textiles in rituals and in exchanges that reinforce social order.

Second, women produce and perpetuate the Lao “social skin” as they weave styles of clothing used during special events and rituals. This is particularly so with the weaving and wearing of the *sin*. Handwoven fabric provides national and gender identity. Lao textiles, by utilizing motifs and style, reinforce lessons of what it is to be Lao, how to conduct the self, and therefore to live well.

Third, women’s skill in making handwoven textiles traditionally provided power to them in society. The commercialization of weaving has not altered that place. They are admired by fellow Lao and with the commoditization of handweaving, by foreigners. Handweaving provides a means by which to live in a cash economy. It is a monetary means by which to sustain and perpetuate the household.

Weaving is a skill passed from one generation to the next. These women give to their daughters more than the technique of weaving threads into cloth. They give them the means to provide for their families. They demonstrate, while weaving, values such as helpfulness and industriousness that facilitate successful relationships and successful acquisition of resources. They perpetuate a means of identity, delineation of sex roles, life’s lessons, a symbol of respect, and an object for exchange that establishes and reinforces social roles. Women enact the means to

socially reproduce health when they weave. They weave the well-being of the family and therefore weave the health of the society as well.

Commercialization of textiles has altered handweaving production arrangements in Laos. The next chapter examines whether and how changes in methods of production affect ways Lao socially reproduce health.

## **Chapter 9**

### **Women Weaving Well-being (II): Alternative Arrangements for Textile Production**

#### **Introduction**

As the last chapter portrayed, weaving is of great value in Lao society.

Textiles are used in daily living as material objects. They are used in social relationships. They are integral to gender, ethnic, and national identity. They are a vital part of the economy. Woven textiles simultaneously embody social values of exchange and identity as well as utilitarian purposes of clothing and economy.

Women now weave to earn cash. Increased commercialization of handweaving has changed how textiles are produced. Many females weave outside their homes in group settings. Some individuals live at these workshops. Some workers may be far from their families. Changes in these weaving working arrangements have potential to alter conventional ways that Lao socially reproduce health and in particular, the ways in which women use handweaving for well-being.

This chapter examines more closely the economic aspect of handweaving and the impact of alternative handweaving arrangements on the social reproduction of health in Lao society. It explores issues germane to health such as weavers' presence or absence from households, wage-earning capacity, and increased contacts outside kin networks. It explores whether and how different weaving arrangements introduce better ways to socially reproduce health.

### **Background of the Lao Economy in Relation to Textile Production**

Grant Evans, considered one of the foremost scholars on Laos, provides the most definitive assessment (1995) of Lao socioeconomic and political changes since colonization ended in the early 1950s. Although Laos is still considered a Communist state, a socialist goal of control and distribution of the means of production never really took hold. Attempts at a collectivized command economy lasted only 15 years, and even then, peasant subsistence agriculture dominated. Laos can best be described today as a country in transition to a market economy. Multiple economies exist today just as they always have in Laos (Evans 1995:88). The Lao market economy is as much a transition from an agricultural subsistence economy as it is from a socialist command economy. Handweaving, as historically significant petty commodity production, has figured prominently in these economic transformations.

At the end of French colonial rule in 1953, Laos was predominantly an agricultural subsistence-based economy. A market economy really only existed in Vientiane and Luang Prabang. Luang Prabang relied on Thailand for most of its imports because there was no national economy, a consequence of undeveloped transportation in the country (Evans 1995:36). The aristocratic ruling elite who took over governance of the country did little to develop the economy. Aid monies were supplied by the United States in its efforts to stop Communism in Indochina. Yet, little of the money was invested productively to modernize the nation but was used on “luxury spending” (Evans 1995:34).



Slowly, the peasantry was being brought into the market economy as supply created demand for other things. Peasants began producing excess food and selling it in order to obtain items like radios and watches (Evans 1995:34). Lao women during this time, close to and within the towns, put away their looms because machine-made cloth was available (Evans 1995:83-84). Howard Kaufman (1964:9) noted there were few if any looms in 1956 and 1957. Lao undoubtedly appreciated the availability, ease, and low cost by which clothing could be made from machine-made fabric. They may have also wanted to mimic the Western dress of influential people at that time. But handweaving was not a visible activity in the urban areas as part of the market economy although it did continue in most of the rest of the country.

As the 1960s continued, disagreement between members of the ruling elite over how to develop the nation resulted in civil war. The civil war in Laos was not a peasant movement. This was not a revolution of land reform. It was a war of ideological differences within the elite class based on nationalism (Evans 1995:41). Massive refugee movements brought people to Vientiane as traders and wage workers. Yet, Laos remained largely a subsistence economy.

After the Communist Pathet Lao took over the country in 1975, it needed to revive the Lao economy which had collapsed as a consequence of the flight of capitalists, entrepreneurs, and merchants (Evans 1995:42). A command economy was instituted. Private producers and private trade was stopped by the government because these endeavors undermined the newly instituted state run enterprises. Agriculture was collectivized. Peasants were encouraged to form units of solidarity

and exchange because new leaders believed that peasants had backward techniques of production that also did not protect them from the vagaries of nature (Evans 1995:42-43). This was, of course, a naïve and presumptuous position of individuals who, as Evans reminds us of James Scott's (1976:24) assessment, have "bright ideas" and think they know better than those who "really know hunger and how to deal with it" (Evans 1995:52). Lao leaders did not force large-scale collectives, feeling that over time peasants would see their value and join willingly. This did not happen to the degree that the government thought it would.

The 1975 takeover by Communists, however, gave the local economy a new lease. Under Communist rule, imports were restricted and the government controlled foreign trade. When the educated elite, the traders, and merchants fled, trade between provinces stopped. Foreign aid was largely cut off. Individuals living in urban areas experienced a drop in standard of living and many left. Eighty to ninety percent of the population outside Vientiane subsisted on agriculture. Peasants, and even people living in urban areas, went back to some degree to self-reliance, bartering to avoid currency that was tied to fixed prices (Evans 1995:66, 70, 75). Evans (1995:66) writes how there were no lights visible in the evening because there was no fuel. Dr. Kongsap reminisced how he walked "four miles from my house to Mahosot hospital every day" because there was no gasoline. Many people used bicycles.

The installment of the Communist government rejuvenated handweaving in Vientiane and Luang Prabang and surrounding villages because machine-made cloth was no longer easily obtained. The government also issued decrees to promote

nationalism and stimulate the local economy. Women were encouraged to avoid Western-style dress (Christie 1982:67). They were to wear traditional clothing, particularly the modest calf-length Lao skirt, and have hairstyles long and neatly pulled back (Evans 1995:83-84, Ireson-Doolittle 2004:125-126). However, no dictates were made to males who continued to wear Western-style pants and shirts. Dictates to females continue even today.

Evans (1995:84) identifies weaving arrangements in the two urban areas at the time as an early stage of manufacturing known from the industrial revolution in Europe as “putting out”<sup>33</sup>: one woman with perhaps five looms managed other young women weaving. The woman designed, marketed, and supervised the handweaving. Raw materials for the handwoven fabric came from a vendor in the Talat Sao (Morning Market), who obtained the silk and cotton from a Thai trader, distributed the materials, collected the completed fabric, and paid for the goods. Evans (1995:85) identifies this organization of weaving production as an early stage of capitalistic division of labor. The work discipline was far from a factory system. Work was sheltered from market competition and any technological innovation. In essence, it was a cottage industry without large capital accumulation. Workshops did not operate during planting and harvesting seasons, as the women’s work in the fields took precedence over any commercial production of textiles (Evans 1995:85). The weaving covered any shortcomings of the harvest to meet household cash needs. In addition, even less able individuals, not normally thought capable of contributing to household welfare, participated in helping. Evans (1995:86) cites a case of a

mentally retarded female who performed repetitive tasks of preparing spindles. During this time, handweaving was organized as a simple cottage industry. Domestic production existed in rural areas. A few cooperatives did form, however.

The Phonetong Cooperative is an example of such a cooperative. War refugees had moved to the Phonetong area in Vientiane from Houa Phan in the north. Women began weaving in response to local demand for cloth, using a younger educated woman with business experience to negotiate the marketing of their textiles (Ng 1988:47). At first, the arrangement was that of a private merchant representing and, in some ways one might say, employing weavers. When the government began to disapprove of arrangements like these, the women established an official cooperative to gain legitimacy, thereby securing loans and orders. Women invested small amounts of money and their weaving equipment. They soon received orders for uniforms. Within a few more years, there were 60 member workers and an additional 200 women available to work as contracts were obtained, some from Eastern Europe. Products diversified. Some of the spinning, weaving, and sewing became mechanized and labor tasks were divided. Women were not paid very much, but it was comparable to what civil servants made. They also received 40 percent of the annual profits in dividends (Ng 1988:64; Ireson-Doolittle 2004:128-129).

In other sectors, the government tried several ways to organize collective production, but in the end the local subsistence economy prevailed. Laos was really a Communist state on top of a local economy. There was no national economy but rather a central economy and local economies (Evans 1995:51). Within five years of

instituting collectivization, especially in agriculture, the Lao government acknowledged that there were problems with Communist command planning. Collectivization interrupted productivity (Evans 1995:54). Government officials also saw that they needed to diversify the economy. They realized that suppressing trade and the private sector was not the way to “harness the workers” (Evans 1995:61).

The government instituted a New Economic Mechanism (NEM) in 1986, allowing privatization and other reforms to reopen a market economy. The opening of borders brought in goods, tourists, and foreign capital once again. It also brought the cheap factory-made cloth that undercut the weaving industry that had been revitalized. Weavers continued to weave but those who were economically successfully were women who secured local markets or were able to tap into international venues. Lao women have a long history as traders and marketers (Ireson 1996:198-201, Walker 1999:138-162). Technical assistance dollars brought experts to Laos who could afford high-end textiles. So did the tourists who discovered Laos. Domestic demand increased as the local economy became liberalized and diversified. Some individuals became vendors, selling the textile rather than weaving it.

The process of weaving changed with economic liberalization. Entrepreneurs began businesses to make handwoven cloth and to sell it. In the early years, they relied on relatives to produce the product and several of these enterprises have kept that family model as the businesses developed capital. Commercialization also changed the methods of production. Many weavers are no longer autonomous producers. They now produce textiles to the owner’s directions. They use the

owner's equipment and raw material supplied by their boss. Division of labor is evident with individuals devoted to one or a few tasks of the whole process necessary to produce a finished textile. For example, some women or men will prepare bobbins for weavers. Others will dye the threads. Some women only weave. Some workshops have women prepare the warp for the weavers. Cultivation of silk is an operation unto itself, although it may also be owned by the persons who own and operate the weaving workshops. Weavers and other workers earn cash for their produce. Owners pay wages for work that is rendered. Income from handweaving often provides most of household cash needs.

Several weaving businesses established in the early years of economic liberalization have been very successful and especially within international circles, created a niche for their products. The weaving business Phaeng Mai is closely aligned with the Japanese market, Nikone primarily with German customers, Jancome with Thailand, and the American Carol Cassidy with a diverse group of art-oriented customers from around the world. There are, of course, other successful entrepreneurs but these are the most visible. Perhaps, because they understand how accessibility to researchers and journalists provide marketing advantage. Some individuals recently began expanding the weaving industry through innovation. A man from Tajikistan married a Lao weaver and now produces Turkish style rugs made of Lao silk.

Commercialization of textile production is well established. However, it is built on familial, village, and patron-client relationships (Ireson-Doolittle 2004:143-

144). Most of these establishments demonstrate effective Lao social reproduction, such as allowing for flexible work time, assisting with health needs, or providing meals for workers at one site.

But the majority of hand-woven textile production is still done by petty commodity operations in which a weaver sells her own product or that of weavers from within a domestic group. This is not much different than what Evans (1995:84) described during the height of the command economy. Weavers sell their textiles regionally to domestic Lao markets but also to traders from Cambodia and Thailand. Weaving time for these women fluctuates seasonally and is less structured than for those who work in the larger production settings (McIntosh 2007:personal communication).

If a handweaver sells her own product, she encounters market demand. Vendors will offer very little money for her textile because it is not the tourist season. Vendors will not buy at an acceptable price if she tries to sell at a time that is not close to a major holiday or season, like post harvest when Lao would be purchasing more textiles for weddings and other celebrations. Fluctuation of the market have led women with smaller operations to stop employing weavers and to pursue other more lucrative enterprises such as mushroom growing.

Handweavers are part of an industry that has limited growth when compared to more industrialized businesses like garment factories or extraction of natural resources. Industrialization is still nascent in Laos and the market economy is just getting integrated globally. Handwoven textiles are a specialty product. Domestic

demand is limited by the rest of the local Lao economy. As the market continues to open in general with consumer goods available to Lao, handwoven textiles are used less for household use. The international and tourist market demands quality, often expecting machine-like perfection for handmade items. Independent weavers find it harder and harder to make a living in an increasingly competitive market.

International markets also have restrictions. The United States tariff of 40 percent makes entry into U.S. markets prohibitive. Although the United States congress gave favored nation status to Laos within the last few years, policies are not yet in place to allow the unencumbered importation of textiles.

### **Current Weaving Arrangements**

Delineated earlier, current weaving working arrangements are categorized as:

1. Individual household weaving (weaver working alone or with a few family members within their own homes).
2. Small domestic group (one woman has five to ten other women living and weaving at her home in which she manages the production, including the sale of the product).
3. Group production workshop (larger scale businesses in which individual(s) employ workers based on a family model to produce a product in which the owners control all aspects of the production and in which workers work on-site, away from their homes).
4. Home-based weaving for a group production workshop (weaver working in her own home but employed by the larger scale business).

### **Individual Household Weaver**

In the tradition of their grandmothers, females still weave in their own houses. Urban women in these situations usually buy cotton and silk threads that are already dyed. Rural weavers in remote regions may have the additional work of growing cotton or raising silk worms to produce their own threads. They also are participating



in regular agricultural activities such as growing rice and vegetables or foraging for forest products. Weavers sell finished products at local or regional markets or to a middle person. Often, these brokers supply weavers with the raw materials and extract the cost from their payment for finished pieces (Ng 1988:47). Boun Sou is one of those brokers. She weaves little these days yet every few months her husband drives her the two hours from Vientiane to the disabled war veterans village where women weave the dyed yarn she brings them. She inspects their work, discusses design, and pays each woman a few dollars for finished pieces. Sometimes, she advances money to a woman if she determines the weaver “needs money for rice. Otherwise she will work in the fields rather than weave.”

Women working in their own homes weave alone or with daughters or other female relatives. There may be several looms in the house. Khamla spent hours alone in the house weaving after her grown daughter Manilay emigrated to America. However, women weaving in these situations are not really alone. There are always children present before and after school (even if they are neighbor children) or neighbors poke their heads in doors and windows for chats on a frequent basis. Grandmothers, mothers, daughters, sisters, and nieces weave together in extended families. An extended family compound of five houses in Ban Phontong has a corrugated tin-roofed open-air structure that protects twelve looms. This structure is in the center open space between the homes. It is rare to visit without seeing three or four females weaving, including a niece who boards at the university a few miles away.

Some villages are known for having many weavers or specialized designs. Ban Theem Piak, located along the Mekong River about a 30-minute drive from the center of Vientiane, is one such “weaving village”. For some women, weaving is their only source of cash income. For others, it provides supplemental money, either to the husband’s job or their own. The women in Ban Theem Piak express during interviews hope for a “development project”.

A group of women soldiers at Battalion 761 have six looms so they can weave in their off hours, selling their pieces in the local market. They have main jobs to do as soldiers such as a nurse, a typist, or a receptionist. They also grow some vegetables and raise poultry. Each woman can weave one textile piece a week which she sells for \$13.00. The net profit is \$7.00 after material expense. Each woman may earn \$300.00 by year’s end from their weaving. Ms. Phougchang Vannaboulom explains “working with the government is okay but we have to do some extra work in order to have enough money” (Vientiane Mai 5/10/2004). Each woman produces and sells her own textiles.

### **Small Domestic Group**

Small domestic weaving groups are common. Five to ten young women who are related will weave and live with a female relative who directs their work and sells what they produce. The weavers are, in essence, working for the relative although when asked if this is the case, they explain she is “helping” them. Yet, the older relative provides the silk, the looms, and the orders. She sells the product and pays money to the weavers. Often these younger women are from the countryside and

have come to live with their aunt or older sister. It is an opportunity to live in the city and to earn cash, some of which is sent home. As more weavers are needed, friends are recruited from the home village. The older woman seldom weaves herself but “looks after” the younger females in this setting.

Individual women also recruit weavers not related to them from the countryside. Ten to fifteen young women will live and work at a site built for such a purpose. The “owner or boss” does not live on site but comes to check on the young women during most days. Some of these girls are as young as thirteen and the twenty year olds end up assuming responsibility for the group in terms of daily life. One such place in Vientiane has an 18 by 14 feet cinder-block structure in which the young women sleep. Twenty looms sit on a cement pad, protected from the sun or the rain by a tall patio roof. The young women do their own marketing for food, prepare their own meals, and entertain themselves. The lack of supervision results in young men visiting at night. After the headman of the village called the owner about the noise, the weavers were moved to a different village.

In either of these situations, the individual conducting the business does not usually have access to foreign markets. Textiles are sold in the larger domestic markets where Lao people and tourists shop. There are rows and rows of vendors selling shawls, scarves, and sins. These “shops” occupy six by six-foot-spaces with stacks and stacks of handwoven pieces for sale. Yet, sometimes individual women who run these petty commodity productions have distinct niche markets. Yom, a 65-year old woman in Ban Phontong Savath started her business when she got her first

order from a bank. The women employees needed matching *sin*, the distinctive Lao skirt, as part of their uniform. This provides a reliable source for orders although she still sells at the *Talat Sao*, the main market in Vientiane, as well.

### **Group Production Workshops**

Group production workshops in Vientiane employ women and men. At these settings, the workers live in nearby neighborhoods and go to the workplace each day. They are employed by an owner of the business. Women primarily weave at these businesses. Men build the looms, dye the silk, spin the threads, and undertake finishing tasks such as tying fringe on shawls or ironing. Other young males and females in their teens wind bobbins for the weavers. Older women or men, some with diminished eyesight, sit on small stools, turning wheels by hand to spin threads or pull off the silk threads from the silkworm's cocoon. Several of these businesses have dormitory arrangements for the workers, sleeping three to four women to a room in a traditional Lao architectural structure. Upstairs is over an open-air area crowded with looms. At the Maicome site, 30 percent of the approximately 60 weavers live at the compound. Another enterprise, Phaeng Mai, employs cooks to prepare three meals a day for their workers. As this business grew in the past ten years, the owners built a second dormitory for the single males. A third dormitory houses couples who met and married while working at the business.

Many of these enterprises treat their employees as extended family, in a milieu of care, camaraderie, and loyalty. On the other hand, there are examples of group workshops where weavers toil for not much more than a dollar a day once

“expenses”, such as health insurance or room and board, are taken out of wages.

Multiple “managers” at the one site earn \$200.00 to \$300.00 a month. A Lao owner resides in another country.

The owners of group production workshops are entrepreneurs who usually have access to foreign markets. Those in the capital city of Vientiane (an American and Japanese among them) have in the last 10 to 15 years developed weaving enterprises into successful economic ventures in international markets.

The women weaving for these higher-end weaving galleries receive cash for each woven piece, earning from \$60.00 to sometimes \$200.00 a month or they receive a base pay to which is added piece-work wages. This amount is compared to the average government official or physician in Laos who only earns \$30.00 to \$50.00 a month.

### **Home-based Weavers Employed by Group Production Workshops**

There are women who work in their own homes but weave specifically for the group production businesses. These weavers are essentially under contract although there is no written document. The relationships are based in trust, security, and usually in kinship. Weaving for these businesses provide a certain amount of financial security to these women they would not have if they had to sell their own product. They can make the same amount of money a month as workers at the group site without the expense or inconvenience of being away from their house for the day.

Mai, Khamla’s 36 year old sister-in-law, works at the Prime Minister’s office but weaves everyday for at least an hour. She weaves, as does Khamla, under verbal

agreement with Phaeng Mai, one of the top-end entrepreneurial weaving workshops in Vientiane.

## **Weaving for Cash**

### **Reasons to Weave for Money**

Women weavers describe their weaving as a way to earn an income. They say it is their work. They regard weaving as a job. In the traditional subsistence economy of Laos, weaving procured additional necessities such as medicine or extra food. In the emerging market economy in Laos in which living well requires currency, weaving is a primary means of livelihood. It is the means to acquire the basics. It is also the means to acquire conveniences which make living easier and often healthier, e.g. piped water to a house. It is a means to pay for medical treatment. Handweaving fulfills a vital economic aspect of social reproduction in the current Lao market economy.

During encounters with weavers, I asked them to “tell me about what you are doing” and further explored the subject by asking “what do you think about while you weave?” Both prompts result in women, first and foremost, saying they weave to “earn money.” Thirty-three year old Sengchan thinks about “needing money” when she weaves. Their first answers are simply about the cash. Further probing reveals the reasons they weave. Weavers use their money as any person does. They use the money for food, clothes, gasoline, housing, transportation, their children’s education, and some weavers tell me for “sickness”. Sengchan explains that if she did not weave and something should happen to her health, she would have “no money to go to the

doctor.” Fifty-five year old Meng, who makes loom reeds, is concerned about how she can “do quickly and take these to the market so I can earn money for my family.” Thirty-one year old Manivanh “thinks of my family” and how to “make more money because I do not have enough to spend. I earn so my sons can study more than I did.” Fifty-three year old Bouavanh weaves to “make a lot, make money to pay for my daughter to go to school.” By weaving “I can earn money every day not once a year like farming. When I finish a piece, I get paid.”

### **How Weavers Use Their Earnings**

Khamla’s weaving income buys food, medicine, and utilities. She paid for her land and built the house in which she lives with her earnings from handweaving. Now, she uses the extra income from my household contribution to improve her house. She starts with getting water piped into the house from a main line rather than continued use of well water. Next is the installation of a ceiling which provides additional warmth in the winter, coolness in hotter months, and fewer bugs and less dirt in the house. She buys a wood armoire for clothes. She tiles the floors. The addition of screens on windows allows us to stop using mosquito nets at night. Her only pieces of furniture are bed frames, armoires, and the desk brought by Mannily’s ex-boyfriend. There are no couches or chairs other than the straight-back desk chairs.

Weavers in their teens or early twenties who are not married or at least without any children, reveal they buy cosmetics and clothes. They hesitate to admit this. Buying for themselves is not the right thing to do by cultural norms. Many say they send money to parents in home villages, or at least they try to do so. This may

be the right thing to tell the foreigner. For others, they probably really do send money home when a relative or trusted friend is traveling to their home village.

Fourteen of the 19 people asked give money to other individuals. Money is mostly given to immediate family members such as husband, parents, and children. One young weaver sends a “few kip” to her father in Salavan (region in the south of Laos). Another single female in her thirties tells me she sends (every four to six months) the equivalent of \$10.00 home to her parents in a northern province of Laos. Twenty-six year old Mai, who weaves at her aunt’s home along with eight to 10 females who are related to her, “weaves to help her parents.” One younger weaver does not send any money home because her parents told her not to do so. She works “just to earn my own living.” Thirty-one year old Manivanh’s family is poor and “my parents cannot help me.” Twenty-two year old Boun Noye is “looking ahead” and already bought land with savings. Her purchase of land is an accomplishment. She nets only 20 cents a day after expenses which means she saves only \$5.20 a month. She plans to move her parents from their rural village area. She also has plans to have other weavers work for her.

### **How Weavers Describe What They Do**

Several weavers want to own their own businesses and have others weave for them. They witness how well their employers live. They recognize that they have to have money to do this. My interviews reveal, however, that most weavers have little understanding of what is required to find or create buyers for textile products.



Most of the weavers have earned a living other ways—farmer, police or soldier, seller, waitress, working for foreigners, government worker, teacher, accountant, and lawyer. Nineteen out of 30 people asked do not want other work. Nine say yes and three persons share less definitive responses. Forty-six year old Pian thinks weaving is better than other work because she is not tempted to buy things. She works at the workshop where only an occasional walking vendor will visit to sell small items to eat. She has little time outside of work hours to visit stores.

Most people wanting other work want to sell things because they believe they will make more money. Ten store keepers' income of \$30.00 a month is usually less than most weavers. Weavers see stores with large inventories of goods and think that having many "items" means the shopkeepers are rich. They know these goods are costly to buy. They conclude that selling things must be more profitable than how they earn their living.

### **Amount of Income**

Workers are compensated in kip (Lao currency) and sometimes in baht (Thailand's currency). The wages I report here are in \$1.00 equivalency using the approximate rates at the time of my fieldwork<sup>34</sup>. Weavers give ranges from \$30.00 to \$300.00 in monthly earnings, the variance depends on their ability to produce, the working arrangement in which they weave, and for independent weavers, the amount that they are able to sell the textile.

One owner of a group workshop advises me the weavers will under report their earnings because "they are shy and modest. They will not want to sound like

they are boasting”. She says they earn \$60.00 to \$100.00 a month. Another owner diverts the conversation from those monetary specifics, explaining “people who meet with me always want to know these exact amounts. They miss the point of the weaving.” These women owners are astute business promoters of the products by which they profit. They also really understand the social significance that weaving holds in Lao hearts and minds. Lam Nye eloquently philosophizes on skill when she “does not have to have money to live on”. [She does] not think of it that way, because I weave only enough for life.”

Eighteen weavers are asked if any are able to save money each month. Twelve save “a little” each month, ranging from the unspecified amount of “little” up to \$50.00 a month. Ninety percent of the weavers in group settings save from \$3.00 to \$10.00 a month out of average monthly earnings of \$30.00 to \$120.00 a month. However, half of the weavers, although they set aside money each month, end up having no savings in the long run.

Most Lao people do not deposit savings in a bank because they do not trust the banking system or feel they cannot have access to their money easily. People want to be able to get the cash at any time. Several weavers say they buy 24-karat gold jewelry, a common savings practice for Lao. Many of the younger weavers use the khao houey system of savings I described in Chapter 7.

Urban weavers’ households have what most other Lao households have. Their weaving does not necessarily provide more basics or conveniences than those with other types of jobs. Most weavers own or rent cement homes with cement floors

and sheet metal roofs. All have table fans to cool themselves, with only a few individuals using ceiling fans. None of the workers have air conditioning. A little over half of the weavers own refrigerators. Almost all have piped-in, although not potable, water (*nampaapaa*) which costs \$3.00 monthly. Twelve of nineteen people have refuse collected. The rest burn it every few weeks in their yards.

Weaving income does buy items that the household would not otherwise have the means to purchase. Solitary head-of-household weavers like Khamla are able to provide for basic and convenience household needs by their weaving. Because Khamla weaves and works for a business like Phaeng Mai, she is able to support her household on her own.

Weavers' income appears to purchase items by which Lao and outsiders distinguish lives from someone who is considered poor. Most weavers' houses have what Lao consider "modern conveniences." Of 32 weavers, only six do not own televisions. Over half of the weavers indicate they own a VCD machine (video compact disc which is essentially the same as Western DVD/VCR/CDs) on which they view movies. Half of the weavers own a radio or have access to one. They have house phones and a few, especially the young women, have mobile phones. Only the weaving business owners own computers.

Many Lao households in Vientiane have most of these same conveniences. Urban weavers are part of this middle class. Exceptions to this standard of living are individual independent weavers who work in their own home, unassociated with the larger production workshops, and many of the weavers who work in the small

domestic weaving groups. They usually do not earn enough to afford items beyond their basic living needs. The variable for these individuals is really how many other people are in the household and who else brings in income. In situations where the living environment is very basic, there are only one to two employed adults in the household of at least eight to sixteen people. Survey data shows that in households this size, if there are three to six adults earning wages, then the weaver(s) live similarly to weavers who work for or at the larger group workshops.

### **Weavers' Concerns and the Commercialization of Handweaving**

Some weavers' income creates discord in families. One weaving owner from a larger weaving workshop tells me of one of her employees whose husband works as a government official and earns less money a month than his wife. The couple's teenage son buys amphetamines with the money his mother earns. The owner concludes the discrepancy in income between the two is the reason the husband physically beats his wife. Husbands try to intimidate the owner to give the money to them. She insists on paying the weavers directly.

Earned cash is more than just currency for these women, evident by the difference in how money is used by most women as compared to men. Women often describe men using their money on alcohol and on their girlfriends. It is not uncommon in Lao society for married men to have extramarital relationships. This is not to say that all Lao men use their income this way, but it is a common complaint of women. Lao men admit to me it is so. Khamla's grown single son is not expected to, nor to my knowledge ever does, give Khamla any of his earnings to contribute to the

household. He does not bring home groceries or pay the utilities. His income pays for his gasoline and his entertainment. Lao men acknowledge that women are good managers of money. Lao women have always taken care of money in households but they use it for schooling costs, food, clothing, and other household expenses. It is the women who primarily worry about and concern themselves with obtaining the necessities of daily living. They also now earn it with their weaving.

Several individuals worry that as they age they will no longer be able to weave and therefore to support themselves and their families or contribute to the household. This concern is actually that their children will not be able to or willing to support them. They recognize their society is changing rapidly, not just economically but socially, and are unsure how that will impact their old age. Financial aspects, the presence or absence of women from households, satisfaction with the work of weaving, occupational hazards, and social relationships are aspects that impact women and their households differently in these work arrangements.

## **The Effect of Different Weaving Arrangements on Lao Social Reproduction of Health**

### **Individual Household Weavers**

Independent household weavers make less money than weavers in other situations. These are weavers who, for the most part, make only \$30.00 a month. Besides creating the textile, time must be spent procuring raw materials and then selling it. The effort expended outside the actual creation of the textile does not translate into more money for the individual weaver because it takes away from the time she produces. The weaver is more vulnerable to the whims of the market than

employed weavers because she cannot usually afford to wait to sell a textile until the price is better.

It is easy to make an assumption that the individual weaving in her own home is better off or even happier because she has what is perceived to be flexibility in her time. This should allow her to care for others in the household, prepare food, or wash clothes. This flexibility must be factored against the need to earn cash. Just because you have flexibility does not mean that you can or do weave fewer hours than a person employed under the watchful eye of an owner. Juggling demands at home weigh heavily on women who rely on their weaving for their living. However, most individual weavers (and this includes those who weave together with a daughter or a sister) have others in the household contributing to its support or able to do household tasks.

### **Small Domestic Group Weavers**

Petty commodity production provides approximately the same income a month for the weaver as if she were weaving in her own house. In these settings, she focuses just on the weaving or tasks associated with the cloth's actual creation, i.e., winding bobbins, preparing warp. The weaver does not have to deal with procuring materials or selling. She is not distracted by household obligations. She only needs to weave.

Small domestic group arrangements often are less-than-ideal work settings. One operation behind That Luang stupa has looms sitting on uneven packed-dirt areas. Looms are positioned close together and the structure shading them lets in

little light. Sandra Cate found similar working conditions at four places she visited in 2002 and 2004. She learned of women weaving 16 hours a day with only three 30-minute breaks during that time. Cate confirms with data similar to mine, that monthly income for women weaving in these settings is only \$25.00 a month. The weaver was paid \$5.00 a shawl. The owner was paid \$20.00 a shawl from the vendor (Cate 2007:personal communication).

The commoditization of weaving has young women migrating to urban areas to work. Some of these young women work for and live at homes of relatives where they are well cared for. Others find themselves in group settings in which the business is likened to a family, and some end up in group settings with little supervision or concern for their well-being. Weavers have some contact with individuals outside their kin and neighborhood networks but for the most part they recruit one another so there is little expansion of their social network. Weavers who live on site look to each other for social support. This works beneficially in most situations because there are older adults like the owners, managers, or other workers who provide guidance to younger individuals. Weavers in situations where there is little oversight of any matters other than the textiles are at risk for health and adverse life situations. I earlier described several examples although there may well be more in Vientiane or other growing urban areas.

Older women work at these smaller operations as well. They must manage their household while being gone most of the day. The situation is true for individuals working at the larger production workshops as well. Women weavers

must travel, sometimes 30 minutes, between house and work. After working eight to twelve hours, they stop and buy food daily because refrigerators are small, available food is not packaged for long-term storage, and this daily purchase is a way to budget successfully. Working away from the house means that meals cannot be started between a few passes of the weaving shuttle. Women with children must deal with childcare.

In the past and today in the countryside, individuals who are not working directly in agriculture care for children while adult women join men in the fields. But weavers who have moved to urban areas often have only smaller familial networks that are in close proximity. Daycare cooperatives were established during the collectivization era but the presence of daycare centers now is not a hold-over from that time as much as it indicates fewer adults are available in the home for this purpose and more women work away from their homes. Women weaving at domestic group settings and at group workshops usually leave children at home with mothers, grandparents, and sisters or pay for a daycare center. Childcare by relatives is not a new phenomenon but daycare centers are an additional expense out of earnings. Sometimes, a young child accompanies her mother to work but these are special circumstances and permission depends on the employer. Douang and her husband both live and work at one of the group production workshops. In the first six months of my fieldwork, their small daughter played beside her loom but often interrupted either parent in their work. A younger cousin then cared for the two year



old for several months but eventually the little girl was taken to a near-by daycare center. The reality is that a woman cannot weave as much if a child is present.

### **Weavers Working at Group Production Workshops**

Weavers and other workers at the workshops are able to earn considerably more money than individual weavers and those women weaving within the small domestic commodity groups. Division of labor allows each person to concentrate on one to a few tasks associated with weaving. These weavers earn \$60.00 to \$300.00 a month. Weavers work an eight hour day with a standard one and one half hour break for lunch. These weavers have income security because the businesses are well established. There is a constant demand for their textiles and they often have special orders. Owners are cognizant of continuing to generate business to keep weavers busy. One workshop owner, during the financial crisis in Thailand in 2002 when tourism dropped, worked hard to get more orders from some of her main European contacts to make sure she kept her weavers employed. Sometimes the women who live on-site will weave for a few hours in the evening after dinner. The workshops provide jobs as well for persons who do not weave, e.g. men dye threads or men and women, young and old, wind bobbins for the weavers. These workers generally earn \$30.00 to \$50.00 a month.

At one group production site, weavers are paid \$70.00 a month but employment and daily living expenses are subtracted from the gross amount. Food costs \$50.00 and the government social security plan takes out \$5.00, leaving the weaver \$15.00 for the month's work. Weavers here usually work 12 to 16 hours a

day, six and sometimes seven days a week. A weaver's final earnings equal only 20 cents a day! In contrast, weavers at another workshop are given a bonus of \$20.00 at year end. Weavers at Phaeng Mai make \$1.00 an hour. Owners determine wage based on the standard established by the government for any Lao worker. Individuals working in restaurants only earn however, on an average, 30 cents an hour. Weaving provides women a good wage compared to many other people in urban Lao society.

At two of the four workshops where I conduct intensive research, weavers are disgruntled by their employment. At one workshop, young women feel they are not paid fairly for their work and in one of these workshops, weavers feel the owner is mean. She chastises them if they "do not work fast enough." Weavers at the other workshop feel the same about the on-site managers. In contrast, weavers at the other two work sites do not complain about being unhappy working there.

All the workshops have pleasant physical environments in which to work when it came to ventilation, light, and even temperature, although none of them are in air conditioned rooms. Occupational hazards of weaving are noteworthy. Women complain of pain in their backs, arms, and legs from sitting for long stretches or reaching with their arms which strains the back. They also complain of headaches and poor vision, undoubtedly caused by eye strain while working with the fine threads. Weavers get up and down as they adjust the warp and tie broken threads. Weavers sit on small rag rugs or flat pillows on the hard wood bench to ease the discomfort and cushion the pressure against the nerves in the back of their legs.

These problems are more prevalent in the small domestic groups where weavers work long days.

A colleague shows me a photo of a woman's deformed right foot at work on a loom treadle which she thinks may be due to the technique of swiveling the foot side to side. I ask several expert weavers who believe the woman probably had an accident unrelated to weaving or that it is a birth defect. They seriously doubt treading with one foot causes problems like this. Group production workshops provide rubber knee-high boots, gloves, masks, and goggles to individuals dyeing threads. This protection is not in place at the dyeing business in Ban Baa O that uses aniline dyes.

Individuals in group production arrangements talk about their lives with each other but their experiences of living in Vientiane are similar because they do not have the opportunity to encounter different situations. They work, pick up children, go home, do similar tasks, enjoy similar entertainment, and live relatively the same way. Although individuals working in group production sites who have migrated to the city share what life was like in their home villages, even this information is familiar to most people. They have relatives in rural areas that they visit or they remember living that way themselves. These workers do not encounter people or living situations from a different economic class. They see and sometimes get to talk to foreigners or more well-to-do Lao that tour the sites. They talk at length with the visiting anthropologist or women from other countries who come to learn Lao weaving for a month or two. Young women at one site asked a lot of questions of a

colleague of mine who lived on-site for more than three months as she studied Lao weaving (McIntosh 2003, 2007:personal communication). Yet, these are not consistent ways women learn new information. Workers get advice on life's challenges from each other but the information is similar to what they receive from family members. The social relationships of the family and relatives still influence the weaver the most even though they are outside the home, earning cash, and encountering individuals outside their kin and community groups.



Photo 10: Weavers at Phaeng Mai Workshop in Vientiane, Lao PDR.

### **Group Production Workshop Weavers Working at Home**

Women who weave in their own homes but are employed or contracted by a workshop can earn as much as weavers who work on-site. Khamla and her daughter Mannily plan in their heads how much they must get done and how many centimeters need to be woven each day. They calculate how many pieces will be finished to take to Phaeng Mai, the employer with whom they have their agreement to weave. Mannily can weave 10 placemats in a day and will be paid the equivalent of \$1.00 for each one. Khamla can weave a shawl a day and will be paid approximately \$2.50 for it. The weaving business supplies the silk, although sometimes they have to dye the threads. They always have the labor of preparing the warp and the bobbins. Usually, a person winds enough bobbins at one time for the entire project of 10 to 12 shawls. This will take a whole day. Preparing one warp (the threads running lengthwise on the loom upon which the weft or crosswise threads intersect) will take a whole day. They do not have the same financial security as weavers on-site. If there is a drop in orders, weavers on-site are kept busy and weavers at home may not be given any work. This depends however on their circumstances. Owners consider if the weaver is the sole or significant support in the household. I suspect they take into account whether the weaver is related to them or not as well.

Women weaving in their own home still have the camaraderie of workers on-site, usually because they have worked there at one time. When Mannily is to leave for America, she makes a point to visit Phaeng Mai since she had worked on-site for six months before weaving at home with her mother Khamla. This is a necessary stop

on the way to the airport as well on the day she leaves, for a final goodbye to the owners and other close friends. Khamla always plans for at least three hours when going to get silk to weave. She consults with several weavers on colors. She is included in parties that are given at the site. It is obvious that weavers at the workshop provide social support for Khamla. Yet, Khamla's daily interactions are with people who live in her house and her neighborhood. Men and women will stop by to visit while she weaves. Mostly, she weaves though without companionship except when six year old Phu gets home from school.

Panchanii's loom is inside her house in the main room which is spacious, well-ventilated, and light. Khamla's loom sits right next to a window that is in shade most of the day and looks out on a vacant lot. Other individual weavers weave under their houses but the space is open and pleasant. Women weaving in their own homes have control over their physical environs and most make sure the physical space is a good one in which to weave.

### **Conclusion**

Handweaving is a pragmatic resource for households in a cash-based society. Women handweavers do not always earn more than other occupations but they fare no worse. Handweaving allows women with little education and no other distinct skill to participate in the market economy. Yet, labor represents to these women far more than just cash. They are not just buying food and clothing. They are paying for their children's education because they recognize this is important for their progeny. It will eventually be crucial for their own well-being as they grow old. These women

know that the years ahead will have different requirements for successful living. Their weaving secures that future.

This research sought to discover how changes in methods of production might alter aspects of social reproduction. Differences in how and where a woman weaves do not appear to have impacted core values essential to Lao social reproduction. Principles of industriousness and helpfulness, for the most part, are still part of the larger group work settings.

Weavers in larger production arrangements have a greater earning capacity than those in petty commodity endeavors. Weavers who work in their homes for these businesses have this benefit as well. This earning capacity allows women like Khamla to establish a nuclear family household and support her family without a husband.

Commodity production groups, group production workshops, and the home-based weaver employed by the group production business are successful because of these relationships. Workers recruit relatives and sometimes friends when more weavers are needed. The owners of these enterprises use this important cultural aspect to grow their businesses. Most of them have done so in ways that have been beneficial to the weaver as well.

My real interest is how social relationships might change when women work outside their homes. I thought that networks upon which a person relies would expand because of these opportunities. This is not the case for women with kin networks in close proximity. Those relationships remain stronger than working

relationships. If a person is ill, she depends on her family members, not on co-workers. She relies on members in her household for daily practical tasks of living, for rituals marking important life times, and emergency situations. The strength of the family and of kin in Lao society continues to be a primary aspect of Lao life.

Women working and living at group weaving settings may be far from birth families. In these situations, they rely on people with whom they work. Their situations mimic a household and they re-create those relations for support. They may even look to bosses for social support at times of extraordinary need but this is because these owners organize their businesses on the family model.

Yet, even when family or relatives are far away, women's allegiance is to their own households and their own familial networks. Although women have this increased contact with individuals outside their kin network, those friendships do not supplant nor are they more important than ties to family.

For most households, members adjust to the absence of the women who weave outside the home. Some women may need to prod husbands, as Mai did hers to help more with the children. He readily complied once she brought it up to him. Extended family helps also. Five year old Jenny comes to Khamla's house when she is sick and can not go to pre-school. Khamla just does not get as much weaving done when this happens. The strength of Lao social relationships accommodates the need for women to work outside the household. People use these family relationships as a resource so that women can bring in earnings in a society that now depends on cash.



Data thus supports my contention that weaving outside the familial setting generally results in improved well-being for the weaver and her household. Yet, these group arrangements do not alter the primary ways Lao socially reproduce well-being. Lao weavers, regardless of the setting in which they work, continue to rely more on kin and family for their health and well-being than on resources generated through their work situations.

## **Chapter 10**

### **Conclusion**

In this concluding chapter, I highlight my findings on the social reproduction of health in Laos with particular focus on how women and their weaving contribute to Lao well-being. The research supports two of my hypotheses. My contention that familial social relationships are the main resource for health and well-being in Lao society is affirmed in the descriptions I render of instrumental, appraisal, and relational forms of social support. Descriptions of the practical means by which people assure wellness in their daily lives and descriptions of social interactions show how relationships, particularly those of kin and family, physically and emotionally benefit individuals and their households. The research also explains how handweaving establishes and reinforces roles and relationships as it embodies values of exchange, identity, and social hierarchy.

The commercialization of textiles that has made handweaving a primary livelihood for women stimulated my third research hypothesis that weaving for larger production workshops improves the well-being of weavers and their households. My research shows women earn more money than independent weavers or those in small domestic groups. Yet, weaving groups do not introduce new and better ways to socially reproduce health. Capitalist and socialist initiatives have not replaced domestic structures for ensuring well-being. Weaving and well-being are still, for the most part, tied to kin and family. Larger-scale weaving arrangements have not created a larger health affirming social unit for its workers. Women's "health

marbles (Janzen 2007: personal communication) are still in their family and relatives and not in social relationships at work.

### **Lao Health**

Lao healing interventions and conceptualizations of health and illness, described primarily in Chapter 4, help us understand how Lao view and respond to these realities in their lives. Lao have many options by which to maintain and regain health because of their pluralistic medical culture of biomedicine, traditional medicine, and spiritual interventions. Their choice of intervention depends on proximity of care, nature of illness, cost of treatment, and belief in a particular method's efficacy.

The Ayurvedic medical tradition that embraces humoral balance and harmony underlies Lao body perceptions and health practices, e.g., food proscriptions. These concepts coincide with Buddhist precepts that discourage excessive behavior such as overt displays of frustration or anger. Adherence to neutral practices are evident in how Lao respond outwardly to adverse events and through oft-used phrases of *bo mii ben haa* (no problem) and *boup pen young* (it does not matter). In this way, Lao mitigate factors generally thought by people around the world as adverse to health, e.g., stressful events or tense relationships.

People's view of health influences how they produce and maintain it. Lao people view health as the ability to be productive. Health is strength, resistance, and being able-bodied. This means the inside and outside of the Lao body is well, healthy, and able to fend against physical, mental, or emotional threats. The visible

sign of this capability to the Lao is energy. Signs of happiness also mean healthiness to a Lao. Lao often describe this state of being as “freshness”, which depicts vibrancy. Their daily activities of eating, cleanliness, socializing, or expressing care for each other are meant to actualize these positive body conditions. Lao seek social, medical, or spiritual intervention when these signs are not present.

Lao emphasize changing weather as responsible for physical health problems. A Lao person knows he can not alter the weather but he seeks shelter from it, stays cooler under trees, wears different clothes, turns on fans, uses umbrellas, or bathes frequently. Lao understand biological causes of illness even if they do not voice knowledge of germs per se. Cleanliness is a necessary condition for being healthy. Lao strive to practice the three cleans of “eat clean, live clean, sleep clean”. Some Lao believe saunas remove body toxins that then results in a “light body, healthy body”. Lao in Vientiane associate beliefs that spirits cause illnesses with people in the countryside or when all other medical intervention does not work. There are Lao in urban areas who seek the intervention of spirit experts. Lao also tend to spirit or ancestor miniature houses inside or adjacent to their homes and office buildings as practices of appeasement. The concept of khuan which can be likened to souls or an essence in a person is an important part of common practices such as the bacii sou khuan and maad khen. These rituals are introduced in Chapter 4 and described more fully in Chapter 6 on practical actions and Chapter 7 on social relationships. People conduct these activities as a way to create and maintain well-being.

Lao appreciate how necessary the right kinds of food are for health. These choices provide a balance of necessary nutrients simplistically explained by the older lady who said to be healthy she must “eat a little meat, a little vegetable, and a little fruit each day.” Lao also want to avoid chemicals. They want foods from nature or *thammasat*. This desire is not solely based on a scientific understanding of toxins but one that comes from a tradition and an understanding of living in harmony with one’s surroundings. Lao think of *thammasat* as using just what is needed to live successfully but in a way that those resources are allowed to replenish for future use.

Lao act and use resources certain ways because of how they conceive health—thinking and worrying a lot results in illness for the Lao person. Lao strive for harmonious relationships as well as support primarily from social relationships of family and kin.

### **Social Relationships as a Main Resource for Well-being in Lao Society**

My research data support the hypothesis that social relationships, specifically family and kin, are the main resource by which Lao socially reproduce health in Laos. Chapter 4 touches on this briefly in the course of describing Lao premises, expectations, experiences, and obligations of health and healing. Chapter 5 and Chapter 6 explore more fully the importance of family relationships.

Just as Bourdieu (1998:vii, 64-79) found the family to be the stable and continuing social unit that members trust and upon which they rely, so do lowland Lao depend primarily on their kin. The quantity of relationships particularly matters during crises such as illness or injury because the majority of Lao have little financial

surplus, and so a person can borrow a little money from a lot of relatives. The number of relationships also provides a relative's house for a place to stay when traveling and for the young person seeking a job or education in the city. It also takes a lot of labor and money to conduct the ritual Lao deem necessary for well-being--  
baciai sou khuan.

People emphasize the positive social support aspect of their social relationships in which they reflect on emotional caring, instrumental assistance, provision of information, or decision making (Berkman 2000 et al:845, House, Umberson, and Landis 1988). Ethnographic vignettes in this dissertation illustrate practical assistance and its reciprocity. Khamla watches the sick five year old for her sister-in-law who needs to go to work. Khamla's brother installs a wall fan for Khamla. I describe how washing dishes or clothes and cleaning the house are shared by all those who live in the house. I write of my own observations and participation preparing food for the baciai sou khuan. Mai's male relatives work every Sunday building the fifth house in the family compound. The women spend hours cooking to feed everyone, and then wash the dishes. This family builds and relies on its social capital (Bourdieu 1986:242-258, Portes 1998).

Social support as appraisal is evident when Mai's extended family has its yearly meeting to plan ahead for who will handle different eventualities such as a death. I watch Khamla ask her brother for information and advice on the costs of tiling the house or adding on a patio addition. She gives him money to put in the bank for her. There are other types of support. A maad khen ritual (a gathering of

people that includes tying strings on wrists to secure khuan in the body) reassures the female widow of Khamla's older brother that her role in the family is still vital. Six year old Phu lies in the crook of her aunt Khamla's arm as they watch television together at the end of the day. The youngster walks to the school for the first time with a new backpack and uniform that Aunt Khamla has purchased. These are the ties that bind people to each other in reciprocal relations where they know that giving and receiving occurs over the life course.

The foremost resource system in Laos is the relationships of households as it is in many societies (Bourdieu 1998, Wallman 1979, Wilk and Netting 1984). This is where social relations are actualized. They are visible in actions of and interactions between people. I emphasize in this dissertation the process of children learning by watching. Individuals attain a practical logic (Bourdieu 1998) of how to light charcoal fires, kill and prepare chickens to be eaten, and find the right plants to use for poultices. I learn to steam rice and "understand the silk" by handling the threads, and by fixing countless breaks! People help each other with tasks, walk to market together, loan and give money to each other. A Lao person helps another because they understand these actions today will be returned in kind in the future. You do what you do because it works. This is what your parents do. This is what it means to be Lao. These ways are the means to living well.

### **Lao Characteristics**

I propose in this dissertation that there are two Lao characteristics, or what Bourdieu (1990:35, 53-59) calls "predisposing dispositions," which underlie Lao

marshalling of resources for well-being. Concepts of *thammasat*, which refers to what Lao perceive to be natural, and *bo poudio*, or an aversion for being alone, are important to the social reproduction of health in Lao society.

The disposition toward *thammasat* underlies Lao efforts to eat and live healthily. It also depicts balance which in turn marks acceptable behavior in relationships. This tendency complements Lao preference for not being alone. Lao aversion to being alone underlies much of their decisions made for livelihood and everyday practices. The company of others facilitates tasks being divided and shared, distributes resources, and assures they belong. People make a commitment to care for and be cared by each other. Lao value assistance and hence provide it to each other. Helpfulness also is manifested in emotional support tendered between people. The practice of *kamlang jai* in which a person expresses encouragement through words or through a small present is an example. It is the sincerity seen in another's eyes and the genuineness of the interaction that imbues the act with more than just physically assisting someone.

Helpfulness is accompanied by kindness. The two traits are found together. For us to be aware of kindness we have to see or feel it. Kindness is manifested in helpfulness. Kindness perhaps orders helpfulness and it may be what motivates helpfulness. We often wonder from where compassion comes. People who practice kindness know that it comes from and is replenished by practicing it (Chadwick 2005: 51). In Lao society, these are part of not being alone.



These underlying principles help us understand what it is to be Lao. They order the conduct of Lao people to support strategies to obtain and use resources whether that is social interaction, information, obtainment of goods necessary for sustenance, or efforts to improve their standard of living. Lao have found that adhering to these principles results in not only their own individual success but a cushion to provide for others in the household.

### **Weaving the Fabric of Health in Lowland Lao Society**

My second hypothesis is that women's weaving is a primary means of social reproduction of health in Lao society. This is true, not just for Lao households in which there is a weaver, but for all Lao. Handweaving fulfills an important functional, social, and economic role in maintaining a way of life. I explain in Chapters 6 and Chapter 7, how social meaning is embodied in textiles. Lao use textiles for ethnic and gender identity. They use textile designs to reinforce proverbs, and they use weaving images in oral and written stories to depict Lao values. They use textiles to establish and reinforce social relationships.

I also hypothesized that with the change in methods of production in which women weave for cash and physically work in group settings outside the household, they would rely more on these networks for their well-being than their family and kin. They would do so because they would have resources heretofore not available, e.g., health information, expanded social networks upon which to rely, or increased income. Women working at or for the larger workshops, and their households, do benefit financially from their employment at the weaving workshops. The research

shows, however, a more complex situation that depends on how business operations are run, their size, and the composition of the individual weaver's own household. Nonetheless, in any of these settings, relationships of kin and family remain the primary resource for creating, maintaining, and reproducing well-being.

I thought women weavers would encounter in these settings more diverse sources of information than within their own families. I did not find this to be true. Individuals weaving in group settings are still working with “like” people. Individuals share cultural, economic, education, or age backgrounds, with a few exceptions. People working together have the same knowledge base about health and illness, live at the same standard of living, and have similar familial obligations. Their knowledge base about health issues is the same, based on what they were taught by their parents and what they learn from current media sources or the local health practitioner such as the doctor or pharmacist. These women are not working with other individuals who have or had any major difference in living experience or significant difference in education.

I surmised that weavers would identify with each other in potential if not actual networks, but this is not so either. Weaving is so common and so deeply embedded in the culture that weavers do not perceive of themselves as a distinct skill category that bonds them together. Handweaving is cultural capital to Lao that is intimately aligned with social relations and values. It is not an occupational identity that is used to assert power. Those individuals who do work in group settings or are aligned with a workshop are fairly insular. They know that other women work in

group settings as they do but I did not detect any pride or self-identification with that employment. Women are loyal to and thankful for their employer. But they view their weaving work as a just a means to support their family, not as an asset to be used for prestige or power or connections broader than their immediate kinship networks.

The majority of weavers working in group settings go home to their own households. Family relationships continue to be the primary influence in one's life, not friends or co-workers. It is not co-workers upon whom people rely for daily living activities or in times of stress. Women depend on family members, neighbors, and relatives for physical and emotional support. They do benefit from their working relationships. This happens for the younger women who are living on-site and far from their family or relatives. Married women who live in Vientiane because the couple migrated for work seek reliance on their workmates. However, the Lao tendency to be kind and helpful extends only so far in these situations. Women have their own familial and kin obligations and usually only provide emotional support to each other during the working hours. Financial support is limited because people just do not have the extra cash to spare outside the familial context in which they are assured of a return of the same.

Businesses modeled as an extended or fictive family have built dormitories, including in one setting a building for married couples, so workers can live and work on site. In addition, owners at one business hire cooks to prepare three meals a day for the workers and make sure working and living conditions are clean and pleasant.

Potable water is available, fans cool the workplace and bathrooms and shower areas are clean. The younger people living there, away from their families, ask for advice, including that related to health, from the owners because the situation is modeled as a family proxy. Weaving businesses like this incorporate the strengths of social relations that the weaver has in her family or kin. This workshop hints at the possibility of a larger health affirming social unit although, in the end, family still takes precedence for weavers when it comes to obligation, responsibility, and emotional bonds. There is no indication of the emotional and physical allegiance at another large commercial weaving business even though many of the weavers live on-site. Workers there complained that the owner is “mean”. They feel the owner takes advantage of them and has no regard for their well-being other than what serves her own business interests.

Weaving for cash generally allows women to meet their families’ needs and have financial buffers against the vicissitudes of life. The skill has always provided this cushion and is, at least to this point, a reliable resource in a market society encountering a global world. The economics of this situation is unstable obviously and the industry may not be able to sustain itself to the same level it does now. So also are the effects of changing social pressures with less young women learning to weave or many weavers being more interested in other types of work because of the attraction or perception of more money (as in those individuals who migrate to other countries or other regions to work) or obtainment of education that qualifies the person to work in what is perceived as more prestigious occupations, such as in an

office. Yet for now, weavers' occupation serves them well by providing cash to purchase not just essentials of living but conveniences that contribute to better health such as window screens, medicines, and the expertise of healers. It also provides for their children's future by paying for education.

Weaving in the larger group arrangements provides greater financial security than weaving in smaller commodity productions or weaving independently. In the workshops, the worker just has to weave. She just has to produce. She does not capitalize on the profit obviously but she earns more this way than in the other work arrangements. Negative impacts are minimal so far, mostly because the larger production settings accommodate values and relationships that Lao value. For these women, the money they earn makes it possible for their households to function well as life continues to change in Lao society.

The cash women generate and manage for the household makes them the primary keepers of the well-being of the household. Women consistently spend earnings on family in contrast to males who will often spend money on alcohol and entertainment. Future research could look more closely at the gender differences of income and expenditure patterns within a weaver's household to see if for example, a weaver's occupation assures improved opportunities for children in terms of education or health services or if the extra money is put to other uses by the husband.

### **Assessment of the Research**

My primary research objective was to identify the resources and the ways Lao use them to socially reproduce health. By examining Lao customs, behaviors, and

rituals, I determined that social relationships are a key resource in the production and reproduction of health in Lao society. That social relationship is a prominent feature of this society is no surprise to anyone familiar with the culture. It is no surprise to social scientists as well. The value of emphasizing this point is to encourage health intervention strategies in Laos recognize this as social capital that needs to be safeguarded or utilized to improve well-being. The Lao government and international development organizations interested in health focus a great deal on Western medical templates of intervention. Bio-medicine is valuable but it will never meet all the needs of this developing country nor does Laos have the financial resources for it. Perhaps my research will prompt Lao leaders to consider ways that social relationships as a resource for well-being can be utilized in health improvement measures.

It is not that I think relationships are devalued by Lao, but I think they are most certainly underappreciated as capital for the development of the healthcare infrastructure. There are glimmers that someone recognizes this domain's connection to well-being when one sees the billboard in Vientiane at the junction of Nongbone and Sisangvone roads advertising health insurance. It depicts a child's and an adult's hand with the distinctive maad khaen strings tied around the wrists. The hands are reaching toward each other. Some marketing person understands well how this image appeals to the Lao person.

Lao are bombarded daily with Thai television advertisements for products to buy. They see public health messages on television and on posters and during special

events like concerts especially aimed at youngsters. These approaches do not effectively incorporate family as a resource nor use the Lao inclinations I have delineated. They do not build on values that are still meaningful and effective in Lao society.

Lao leaders might further examine and consider, as anchors upon which to base health policies and public health strategies, cultural features like the practice of *kamlang jai* (give power heart), *sou khuan* (ritual to restore and retain the essence of a person's being), *maad khien* (tying strings on wrists for comfort and protection) and *samaa* (ritual to show respect through rendering an apology), and the underlying dispositions of *thammasat* (what is natural) and *bo poudio* (not alone) that I distinguish. Efforts to support and keep strong the practices, values and roles that women, especially handweavers, are involved in are worthwhile endeavors.

I have no bullet list of “things to do” because I think this would be presumptuous. I seek to sensitize non-Lao to unique Lao values that are in their health practices. I hope these research findings stimulate discussions by Lao as to how elements of the social reproduction of health in Laos might be incorporated into Lao healthcare. The essential features of the social reproduction of health in Laos are not contrary to bio-medical principles. Yet, bio-medicine for all its undeniable magic bullets such as immunizations, diagnostic technology, and advanced treatment is formulaic and lacking in cultural sensitivity. It also is expensive. Biomedicine is only a small piece that helps people be and stay healthy. John Janzen (2004:12) argues that there “is an entire package of not just technical, or behavioral issues, but

social, political, and cultural issues that need to be brought in concert” whether that is to “recognize and resolve health issues such as the AIDS epidemic [in Africa]” or meet healthcare needs of a developing country such as Laos.

Currently, the technical portion of a health package in Laos consists of biomedicine but it also consists of traditional medicines and treatments already granted validity by Lao medical doctor, pharmacists, and officials. But the Traditional Medicine Research Center needs to be careful to not exclude the specialists of herbal knowledge as it focuses on proving pharmaceutical efficacy of plants. The concentration on western scientific knowledge of plants excludes the “art of healing” that come as part of the healer in relationship with the patient. Technical aspects of health are found in public health messages that encourage behaviors like the use condoms or the emptying of standing water from old tires to prevent breeding harbors for mosquitoes. My research adds social and cultural issues like sou khuan rituals that assure participants of acceptance and inclusion in their social networks, practices of respect and care for individuals like kamlang jai, and Lao inclinations for togetherness that encourages the maintenance of social support systems and to adhere to practices that are “natural”. This latter could be championed with messages of and policies that support eating healthy or conducting oneself with modest decorum that avoids excess alcohol, drugs, illicit sex, or dangerous driving. Lao political will to pull together a package like what Janzen advocates, however, is difficult to assess. Development dollars, capitalist economic pressures, images of what is “modern”, and

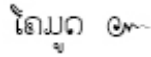


lingering socialist controls make political will to put together a compilation of all these components challenging. Further research is needed to examine this aspect.

An oft-quoted phrase states “good research always generates more research”. Several topics or areas are evident as a consequence of my research. A pressing need is to look at groups in Laos where health issues are or can be life threatening using social reproduction of health as a theoretical grounding for that research. A Lao colleague at NIOPH, Dr. Sommay Mounmonsourisack, finished a master’s thesis in 2006 based on qualitative ethnographic research on Lao who migrate to Thailand for work and return with HIV. In the future, a social reproduction of health approach has the potential of illuminating how Lao individuals could protect themselves from negative health outcomes. Research could examine families who are providing needed physical and emotional support to ill migrants who have returned to Laos. There is much to learn from how society handles challenges when it encounters demands on its conventional social structure. Another example is increasing numbers of homeless and parentless children begging on the streets of Vientiane. How can the Lao value for not being alone and the regard for nature be fortified and utilized to buffer these types of situation that result most often from global pressures?

I have more to do to achieve an even more sophisticated understanding of the social reproduction of health in Laos. My initial research provides a foundation on which to build and by which to generate discussion and perhaps, even ideas for health programs. I bring together in this dissertation a comprehensive rendition of Lao health concepts, visible examples that exemplify the social reproduction of health in

lowland Lao society, a proposal of underlying dispositions by which Lao live, and a précis that explains how Lao textiles are essential to being sabaii.



The above Lao script translates as “The End”. The other symbol is known as a Komut. Both were used in ancient Lao writings between verses or chapters as well as at the end of a manuscript to indicate the end of a story or a thought (Center for Lao Studies 2007).

## Endnotes

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<sup>1</sup> There is no plural word for the Lao word *ban*.

<sup>2</sup> Several villages may be pulled together into what was once organized as a *muang*. This is a layer of administration larger than a village but that does not destroy boundaries of the villages (Lefferts 2007:personal communication). Cheeseman (2004:11-12, 16-17) explains that the concept of *muang* was not the control of land as much as it was of the population. *Muang* were established in geographic areas but they expanded and contracted, overlapped, and involved payment of tribute to several overlords while at the same time, extracting payment from *muangs* that were less politically powerful. The *muang* chief's power was determined by the size of the population he governed and upon whom he could use for labor, taxes, and armed support. Cheeseman maintains that the complex relationships preclude the *muang* to be likened to a feudal system.

<sup>3</sup> The Lao government designates villages as rural or urban. An urban village has at least 3 of the following 5 criteria: number of households is 50 or more and the number of inhabitants is more than 300, accessible by care in the rainy season, electricity is available and used by more than 70% of households in the village, tap water is available (this does not mean potable though) and used by more than 70% of the households, there is a market near the village (Ministry of Health and National Statistical Center 2001:12).

<sup>4</sup> A few people delineated a specific ethnicity, e.g. *Tai Deng* but most individuals identified themselves just as *Lao Loum*, *Lao Theung*, or *Lao Seung*, broad categories established by the current Lao government. Ethnic groups are identified within the Tai-Kadai ethnolinguistic family in an August 2000 official system of classification by the Lao Front for National Construction (LFNC).

<sup>5</sup> Mitsuhiro, whose Lao name is Phu Phet, visits Laos several times during the time that I was there to conduct his preliminary research on health seeking behaviors, affiliated with a five-year health research project between NIOPH and several universities in Japan. Mitsuhiro is a doctoral student at the Graduate School of Social Sciences and Humanities at Chiba University in Japan.

<sup>6</sup> I use phonetic spellings of Lao words. In some sections I use phonetic renderings of words that may be Thai-Lao because of the sources. Because my Lao is not sufficient to know if the word is Lao or Thai in some cases, I admit Lao in Laos might determine the word is Thai but some of the authors I am following draw their work from the Lao-speaking areas of Thailand. In any case, those people speak a blend of Thai and Lao because of their history within the Thai nation.

<sup>7</sup> The concept of *khuan* is not restricted to the ethnic Lao in Laos. Other ethnic groups in the country practice versions of *bacii* or *sou khuan* rituals although, of course, they are referenced in that language and differ in some ways e.g., the same sort of ritual is called a *hu plig khi tes* or an abbreviated *khi tes* in Hmong.

<sup>8</sup> Although *khuan* has its roots in Hinduism and animism, the number of souls is probably influenced by the Buddhist belief that the body has 32 integral parts (Radjadhon 1962:124 and Zago 1973:169 in Ngaosyvathn 1990:286). The number of souls in a human varies from group to group: the T'ai Lue believe there are 32 *khuan* at the front of the body and 30 at the back, the non-Buddhist T'ai hold that the human body has 120 *khuan* with 90 of them in the head and 30 in the rest of the body, the T'ai Dam believe there are 80 souls in the body, the Khmer believe in 19 souls (Keyes 1995:116; Ngaosyvathn 1990:286).

<sup>9</sup> Liver and other organ meats are high in LDL (low density lipoproteins) or what Westerners know as "bad lipids or fats", a contributing factor to higher cholesterol levels associated with heart diseases.

<sup>10</sup> Gods appear as protectors of the Buddhist faith. They are subject to the same condition of rebirths as other beings in this world. They, too, can change their status for the better as a result of *kamma* accumulated in a previous existence as a human being (Tambiah 1970:40). The idea that Buddhism has no omnipotent is an important distinction from the other major religious traditions in the world. The Buddha expressed great concern that it was not he to be worshipped. He focused on the ultimate truth of this reality as impermanent, including the beings themselves.

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<sup>11</sup> When first using a Buddhist term, I use the Pali word with a parenthesis that includes the Sanskrit term, e.g., *nibbānā* (nirvāṇa), and thereafter use the Sanskrit term because the Western reader is most familiar with these words, e.g., karma. Sanskrit is an elite language used in the literature. Pali language, however, is the vernacular spoken language of the populace. It was the active language during the 3<sup>rd</sup> to 4<sup>th</sup> century when the last Buddha was alive (Stevenson 2002:lecture). The Pali canon is the primary SEA Theravada Buddhist reference.

<sup>12</sup> French scholar Richard Pottier wrote his doctoral dissertation on health in a specific area of Lao society in 1979. Fabrice Mignot's ethnography (2003) is about health and national integration of the Montagnards in Laos. Both works are written in French.

<sup>13</sup> The hospitals are Mahosot hospital (450 beds), Mittaphab or Friendship hospital (150 beds), the Mother and Child hospital, the Traditional Medicine hospital, the Dermatology Centre, Tuberculosis Centre, Thongpong Eye Treatment hospital and a Rehabilitation Centre. In addition, there is Settharthirat hospital (150 beds) which is one of eighteen provincial hospitals but is also a central hospital because of its location in Vientiane and its like-functioning to the main central hospitals. (JICA and MOH 2002:19.1). There is also a military and police hospital system in Laos. Hospital 103 is a hospital in Baan Nonpapao on Sokpaluang Road in the capital that serves military and police personnel and their families. There are military hospitals in each of the provinces as well. These facilities come under the control of the Ministry of National Defense (military) and Ministry of the Interior (police) rather than the Ministry of Health. The general public can use these facilities but non-military individuals must pay for the services (MOH and JICA 2001:11.5).

<sup>14</sup> There are several international clinics available for tourists and expatriots but there are restrictions on their use, dependent on nationality. The Australian embassy runs a clinic but I was told that they see all nationalities except Americans. There is a French clinic and there is the international clinic at Mahosot hospital.

<sup>15</sup> There are three financial schemes to pay for health care in Laos as part of the overall design of the healthcare system. A social security system which covers public servants started in 1993 under the Ministry of Labour and Social Welfare (MoLSW). It provides social benefits such as retirement pensions, invalid survivor benefits, employment injury and sickness, maternity benefits, severance payments, and medical coverage. This is done through a reimbursement scheme. It is financed by a six percent contribution deducted from the person's pay but the amount has not been sufficient to cover the expense and additional money comes from the government treasury. There are complaints regarding the excess time to process and pay claims, reimbursement rates, and difficulty filing. The majority of the expenditure is for retirement purposes at 95 percent with only 3.4 percent of the total used for health care expenses. The generation that fought the war accounts for most of these retirement benefits (Keobouahome 2003).

There is a private sector health insurance scheme. A social security organization was established in 2001 and an insurance subsidiary from France was allowed to operate in 1990. The scheme is suppose to be compulsory for businesses of ten or more employees where 4.5 percent of income is contributed by the individual employee and five percent by the employer. Its success depends on the pool of participants and since the majority of the country is agriculture, this pool is small. In September 2001, only 35 businesses with a total of 5,000 employees participated. People told me that many businesses do not participate. There are no repercussions. The third scheme is a community-based health insurance for individuals working in the informal sector. It covers a predefined set of medical care services with providers paid on a capitation basis. Another type has been operating for some years in villages. Many villages have mutual funds that people use to obtain small loans to start or expand businesses. These same funds can be used for major health care expenses. With the exception of the village based mutual assistance, the other official insurance schemes appear to most Lao to be taxes without any benefit (Keobouahome 2003).

<sup>16</sup> A doctor of bio-medicine is called a *than mau* in the Lao language. The words translate as honorable expert. Other types of formal healthcare medical practitioners are pharmacists, dentists, doctor assistants, midwives, and nurses. Before the change in the government in 1975, nurses were

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both male and female. Currently the profession is primarily female. Predominantly young women, they function as certified nurse aides would in the United States.

<sup>17</sup> Zantac is the brand name used in the United States for the medication Ranitidine. The word Xanidine that is written on Khamla's prescription is the Thai brand name for what is known as Ranitidine in the United States. The medication inhibits stomach acid production and is commonly used in treating peptic ulcer disease and GERD (gastroesophageal reflux disease). Flagyl, also known as Fluoroquirolone, is Metonidazole which is an antibiotic used to kill or prevent growth of certain bacteria and protozoa. It is used to treat dysentery and trichomoniasis. Valium is a commonly known medication to help people relax and rest. It is also used to treat anxiety (CPharm 2005).

<sup>18</sup> Dr. Oudom Souvannavong's (1956 [1959]) describes egg divination. This type of divination uses an egg, rolling it over the body of the patient, particularly the area of concern, before standing it on end on a board that is then lightly tapped. If the egg remains standing, the egg is suitable for cracking, taking care not to break the yolk. The yolk is then read for cause of the illness. Divination of the tongue and the wishbone of the chicken are still practiced as part of the sou khuan ritual in contemporary Lao society and the Lao diaspora. Another form of divination has a caged bird pick out a written prophecy card from a dozen such cards with the bird rewarded with a few grains of rice (Westermeyer 1988:773).

<sup>19</sup> Lao officials acknowledge midwives, herbalists, and bonesetters as functional health provider categories. Bonesetters and midwives utilize herbs in their practice. Bonesetters use sacred water in the setting of bones as well (Whittaker 2000:56). Despite chants that appear to non-Lao as miscellaneous to healing, bonesetters and midwives utilize knowledge which western-trained individuals can understand.

<sup>20</sup> Original knowledge of Lao traditional medicine is recorded on palm-leaf and special hand-made paper books written in a particular language known as "Tarm", distinctive characters based on Sanscrit. The knowledge has since been translated into the Lao script in a book called *Lao Traditional Medicine Formulae* (Southavong 1999:3).

<sup>21</sup> See former Lao Ministry of Health Dr. Oudom Souvannavong's (1956 [1959]) detailed descriptions of treatments of illnesses as he understood them. Kaufman (1961) and Halpern (1961, 1963) also write explanations but their text is taken from Souvannavong's précis. However, Halpern provides clarification of the types of practitioners since Souvannavong references the healers as quacks, magicians, and sorcerers or witch-doctors which reveals his western-trained biomedical orientation. Halpern infers that herb doctors are what Souvannavong calls quacks. Benevolent healing experts are various kinds of doctors. The magician is a spirit doctor or dancing doctor. A blowing doctor is a sorcerer in a positive role.

<sup>22</sup> The power of sorcery and witchcraft in conventional Lao belief systems challenged the medical treatment of Dr. Tom Dooley in rural Laos in the late 1940s and early 1950s. Dr. Dooley was an American surgeon who spent several years in Southeast Asia and a significant part of that time in Laos, providing western medical care. He wrote several very readable books about his experience: *Deliver Us From Evil* (1956), *The Edge of Tomorrow* (1958), and *The Night They Burned the Mountain* (1960) which provide descriptive views of rural health, injury, and illness. I have these books in one bound copy that unfortunately does not have a publishing date on it although the original jacket dates it in the mid 1960s. Dr. Dooley describes encounters with village elders who possessed power to place hexes, one such directed at the clinic, Dooley, and his staff. These individuals surrounded the compound with small plaited bamboo mats on sticks stuck into the ground, warning people to stay away. Dooley interpreted this event as the elders countering the challenge to their authority that western medicine presented. The local people were torn between their beliefs and the good results of western medicine. Dooley, to his credit, arranged for indigenous healers to work in conjunction with the intervention he provided (Dooley 1958:78-79 in Dooley [no date] compiled book:177).

<sup>23</sup> An arahat is an individual who fully experiences *Nibbāna* (skt: Nirvāna) during life, destroying the causes of any more rebirths for his or her being. He has done this by eliminating greed,

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hatred, and delusion, the roots of unwholesome action. The arahat is beyond the “fruitful and deadening actions” that comprise *kamma* (skt: karma) that results in additional rebirths and hence, suffering (Harvey 2000:14, 39, 43).

<sup>24</sup> Khamla learned a few words of English during my stay with her. Barbecue was one of these words as well as phrases like “sleep well”, “goodnight”, “good morning”, and “thank you”. Mostly, she taught me Lao but occasionally she asked me how to say in English certain things.

<sup>25</sup> Lao government officials admit their ability to inspect, control, and manage food quality is limited. They also say food vendors lack knowledge of food safety. There is no guarantee that food or drinks sold by vendors is safe to eat (Phon Ngern 2005).

<sup>26</sup> *Khao Houay* example: Five people agree to put \$20.00 together and give this sum to one person (A). The next month, person A pays back to person B \$20.00 plus 10 (\$2.00). This second month, everyone else pays B \$20.00. Now she has \$100.00 plus the \$2.00 in interest from person A on the money she lent the previous month. The third month, person A and person B pay back \$20.00 plus \$2.00 interest to person C who is also getting \$20.00 from the other two members of the group. The fourth month, person D receives \$20.00 back from person A, B, and C, plus an additional \$2.00 from those three people and one more \$20.00 from person E. The last month, person E receives \$20.00 back from everyone, to total the amount she lent over the four months and additional \$2.00 from each. She now has the large sum of money plus interest to total \$8.00.

<sup>27</sup> Most of the weavers I interview tell me they save money at their house. Some use banks. Souk tells me she puts dollars in the bank but she keeps kip at home. Burglary is common in Vientiane exactly for this reason. People keep dogs for security but in these are “kidnapped”, bagged, and killed so that robbers can enter a house. Most Lao just do not have excess money each month to save very much. Weavers tell me they can sometimes say \$20.00 a month but often they send \$10.00 home to the countryside or they use it for a small item like a lipstick that is to them a luxury.

<sup>28</sup> The LDPA may be the first truly Lao non-government agency in Laos in that it is not officially a government agency and it is completely financially and run as a self-supported organization. It applied for official status from the Ministry of Labour and Social Welfare to be an association but it started in 1990 as a grass-roots organization from a group of disabled persons who knew each other through the National Rehabilitation Center. They were and are a self-help group. Their primary goal is to work for change in policies and increased acceptance. The Rehabilitation center focuses on direct physical care assistance.

<sup>29</sup> The Lao word *jai* forms the basis of many terms: *tam jai* (center of the heart or to resign oneself to or to accept something), *dii jai* (good), *jai dii* (kind), *hua jai* (gratitude although the actual words that are combined are head heart), to name a few examples. One young weaver describes her heart hurting when her boss yells at her.

<sup>30</sup> People living in Vientiane celebrate many new years. The conventional New Year celebration is in April and lasts three days but maybe four days, depending on when the holiday occurs in relation to a weekend. Lao tend to extend their holidays. The third and last day of Phii Mai is the actual beginning of the New Year, unless it coincides with a weekend that adds another day of holiday or reason to not go to work. People celebrate the western European New Year on the 31<sup>st</sup> of December. Since there are many Chinese descendents and Vietnamese living in Vientiane, these new years receive commemoration, although mostly by those ethnic groups. The Hmong New Year celebrations happen sometime the end of November. In the United States, the Hmong public New Year celebrations happen anytime from November through January, as different clusters of Hmong people plan them to not coincide with another group’s event. Familial Hmong New Year celebrations happen the end of November.

<sup>31</sup> The terms *bacii* and *sou khuan* are often used interchangeably although conventionally, the term of *bacii* is reserved for the ritual performed for an official or a highly honored guest. *Sou khuan* is the term used by common folk (Ngaosyvathn 1990:284, 292-293). It appears that contemporary distinctions use the term *sou khuan* when health in the realm of illness is the focus or Lao are depicting very traditional conceptualizations of its purpose. Ceremonies conducted for traveler

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welcomes and journey departures and family honoring elders tend to call the ritual a bacii. The sou khuan given by my Lao teacher and his siblings for their parents was called a sou khuan and then a bacii, perhaps because Goi surmised that the latter was a Lao term I would know. Tourist development in Laos uses the bacii as a way to emphasize Lao cultural identity. There is no argument from anyone—Lao or non-Lao--that this ubiquitous ritual is not the “Lao ceremony par excellence” (Ngasosyvathn 1990:284). I will use the term sou khuan because of its roots in everyday life, the term’s depiction of the main component of khuan, and my own particular association (perhaps erroneously) of a sou khuan with notions of health and the bacii more with hospitality and respect.

<sup>32</sup> The number three figures repeatedly in Lao culture because it represents the three refuges of Buddhist belief. People bow three times while kneeling during prayers at the *Wat*; people tie three knots in maad khen strings; Khamla treats her son three times a day for three days when his shoulder hurts.

<sup>33</sup> Putting out methods of production marks the transition from traditional handicraft production techniques to modern manufacturing (Weber 1981:153). In this phase of production, before factories were centralized, merchants would put out raw materials to workers who were formerly autonomous and they would create goods out of the raw material in their homes or small group settings. The merchant then would collect these finished products and sell them. The workers owned their own tools, determined their own workday, and one person did not employ another (Weber 1981:118-119, Heaton 1936:341).

<sup>34</sup> During the time of my research in 2003 to 2004, the approximate equivalent dollar to baht was 40 b=\$1 and 10,000 kip=\$1. Of course, this varied throughout the fieldwork period but not more than a difference of ten to twenty cents. When a person reported their earnings in baht, I converted to dollar but also to kip so I could have a sense of similarity between weavers. I also started to think in kip because of living in the culture and recorded this data in kip or baht and later calculated the dollar amount.

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